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ABSTRACT

This curriculum includes both an instructor's manual and a student handbook and is intended to be used in community colleges to provide preservice and inservice training about mainstreaming of young children with disabilities to child care providers. The curriculum is planned to be a 4 credit-hour course presented in eight modules. Each module employs instructional methods that may include interactive small group activities, lectures, group discussion, role play, audiovisual presentations, handouts, and assignments. Transparencies are provided for each module. Modules address the following areas: (1) historical background and purpose of mainstreaming; (2) considering the child with special needs within the context of normal development and developmental delays; (3) working with families; (4) the preschool environment and ways to support children's play; (5) curriculum planning and responsive teaching skills; (6) promoting language development; (7) guiding behavior; and (8) answering questions about disabilities. The student handbook includes such resources as self-evaluation checklists, charts of normal child development milestones, outlines of the major provisions of relevant federal legislation, guidelines for family-centered services, specific effective communication skills, a health and safety checklist, guidelines for scheduling, suggestions for helping children with specific disabilities, and sources of further information for each module. (DB)

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ED 372 517

STUDENT HANDBOOK

AND

Instructor Manual

Mainstreaming Young Children

A Training Series for Child Care Providers

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Frank Porter Graham
Child Development Center
UNC-Chapel Hill

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Student Handbook

Mainstreaming Young Children

A Training Series for Child Care Providers

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Frank Porter Graham Child Development Center
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

Mainstreaming Young Children:
A Training Series for Child Care Providers
(Student Handbook)
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Amendments of 1987.

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Then and Now:
Why Mainstream?

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Module Flow Guide

(Two 2-hour sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. Welcome	Introductions	Student packet	15 min.
II. Highlight objectives & answer questions	Group review	Student objectives	5 min.
III. What is mainstreaming?	Choose one: • Feelings & Beliefs Questionnaire or • Helen Keller activity Lecture	HO-Feelings & Beliefs Questionnaires Helen Keller pages Overhead projector OT-What is it? (mainstreaming)	30 min.
IV. Public attitudes & historical perspecitves	Lecture Group discussion	Overhead projector OT series-Attitudes Toward… HO-Stereotypic Roles… OT-Practices that Interfere…	25 min.
V. Legislation	Lecture	Overhead projector OT-Landmark Legislation HO-Major Provisions … (P. L. 102-52) HO-Major Provisions … (P. L. 101-336)	30 min.
Session Two			
VI. Not in My Class!	Video Group discussion	VCR, monitor Video: *Not in My Class!* *Young & Special Leaders' Guide*	50 min.
VII. Benefits & barriers to mainstreaming	Lecture Group discussion	HO Series-Positive Effects … Overhead projector OT-Barriers to Providing Quality…	30 min.
VIII. Review attitudes questionnaire	Group discussion	HO-Feelings & Beliefs Questionnaire	15 min.
IX. Commitment to mainstreaming	Assignment	Choose one Assignment— • Mainstreaming Policy Statement • Strategies for Communication	15 min.
X. Wrap-up	Group discussion		5 min.

Student Objectives

FOCUS

The policies established in the Individuals with Disabilities Education Act represent landmark legislation for children. Broadly defined, this act upholds the rights of children with disabilities, birth through five, to: free and appropriate education, special services tailored to meet individual needs, and services designed to maximize each individual's developmental potential. Care providers for young children with disabilities have a responsibility to work with others, including the child's family, to support these rights.

Awareness

Participate in an activity that examines one's own feelings and beliefs about handicaps and integration.

Examine the historic roles of the family and the social and political events that have impacted public attitudes toward disabilities.

Consider the stereotypic roles that have often been assigned to people with handicaps.
OR
Discuss five practices that interfere with positive attitudes toward persons with disabilities.

Knowledge & Skills

State definition of mainstreaming.

Describe three major provisions of the Individuals with Disabilities Education Act and the intent of the Americans with Disabilities Act.

State benefits of integration for children, teachers, families and community.

Identify barriers to providing quality care in mainstreamed settings.

Describe strategies for communicating a commitment to integration to each of the following groups:

- parents
- community
- other teachers and caregivers in your child care program.

OR
Develop a written policy statement for a child care program describing a philosophy supporting the principle of mainstreaming.

Optional

Describe the social, educational and legal rationale for integration.

Identify at least three examples of preschool integration and describe any that could work in your community.

Describe seven essential components of a successful integration program.

Feelings & Beliefs about Disabilities

1=Agree
2=Unsure
3=Disagree

1.	Children with disabilities are more of a burden than a blessing.	1	2	3
2.	We should protect children who have disabilities from taking even slight risks.	1	2	3
3.	There is nothing you can do to help some children who are born with disabilities.	1	2	3
4.	A child with disabilities needs to be hugged and kissed more than other children.	1	2	3
5.	Children with special needs should not be in the same class as typically developing children.	1	2	3
6.	When typically developing children play with children who have special needs, it is likely they will make fun of the children who have disabilities.	1	2	3
7.	Handicapped children play best with other handicapped children.	1	2	3
8.	If parents have a handicapped child and a typically developing child, it would be best for everyone if they sent the handicapped child to a special school.	1	2	3
9.	Children with special needs require much more strict watching than other children.	1	2	3
10.	It would be a good idea to establish separate communities for persons with disabilities so that they would not feel out of place.	1	2	3
11.	Children who have disabilities cannot do very much without help.	1	2	3
12.	Children with special needs cannot be taught very much.	1	2	3
13.	It is not easy to love a child who has disabilities.	1	2	3
14.	Parents who have children with disabilities are unlucky.	1	2	3

Adapted from a survey by Project Feed, Philadelphia, PA.

Feelings & Beliefs about Integration

1=Agree
2=Unsure
3=Disagree

1.	Many of the things teachers do with regular children in day care are appropriate for children who have disabilities.	1	2	3
2.	The needs of children who have handicaps can best be served through special, separate programs.	1	2	3
3.	The behavior of a child with special needs generally requires more patience from the teacher than does the behavior of other children.	1	2	3
4.	The challenge of being in a regular day care will promote the growth and development of the child with special needs.	1	2	3
5.	The extra attention children with special needs require will take away from the other children.	1	2	3
6.	Mainstreaming will foster understanding and acceptance of differences among people.	1	2	3
7.	It is difficult to maintain order in a regular day care that contains a child with special needs.	1	2	3
8.	The behavior of children with special needs will set a bad example for the other children.	1	2	3
9.	Isolation in a special program has a negative effect on the development of children with special needs.	1	2	3
10.	The child with special needs will probably develop skills more rapidly in a special day care program than in a regular day care program.	1	2	3
11.	Integration of children with special needs will require major changes in regular day care procedures.	1	2	3
12.	Most children with special needs are well-behaved in a regular day care.	1	2	3
13.	The contact children in a regular day care have with children who have disabilities may be harmful.	1	2	3
14.	Mainstreaming the child with special needs will help him or her be more independent.	1	2	3

Stereotypic Roles Given Persons with Disabilities

Pitiable & Pathetic	Fund-raising telethons encourage feelings of pity by demeaning and exploiting persons with disabilities. Characters in books and on T.V. are depicted as having "hearts of gold" which also elicits pity rather than genuine compassion. (Dickens' *Tiny Tim*).
An Object of Violence	There is an absence in books and media of a full range of roles for persons with disabilities. Sensationalizing violent assaults against persons with disabilities reinforces society's view of them as totally helpless and dependent. (*Wait Until Dark*).
Sinister & Evil	Authors sometimes exploit people's negative perceptions of physical disability by making the sinister character disabled. The more evil the character, the more ominous and foreboding the reference to the disability. (Captain Hook in *Peter Pan*, Long John Silver in *Treasure Island*).
Exotica or Atmosphere	People with disabilities have historically been displayed in "Freak Shows." Characters like the "blind man with a cup" are often included in movies and T.V. as background, which reduces persons with disabilities to the status of objects unless their characters are fully developed.
Super Crip	In order to be accepted and respected, super human qualities are assigned to persons with disabilities. (*Longstreet, Ironsides* on T.V.)
Fool	Comedians have often made fun of persons with disabilities, feeding into society's perceptions of certain disabilities as humorous —(jokes about deaf persons, blind persons; Mr. Magoo).
Bitter	Media often portray persons with disabilities as self-pitiers whose bitterness about their condition keep them from succeeding in life. (especially T.V. medical dramas).
Non-Sexual	Too often the sexual dimension is omitted from characterizations of people who are disabled. They are rarely shown in loving relationships at all.
Burden	Society sometimes perceives that a family would not have been given a handicapped child if they were not strong enough to handle the "burden". Sometimes it is believed that a parent must have done something wrong at some time causing God to "punish" the family with the birth of a handicapped child.

Source: Interracial Books for Children, *Bulletin*, Vol. 8, N. 677, 1977.

Major Provisions of the *Individuals with Disabilities Education Act* (P. L. 102-119)

Extends free public school education to age 3 years for children with disabilities.

Creates early intervention services for infants and toddlers (ages birth to 3 years) with special needs and their families.

Locates and identifies children with special needs.

Provides a non-discriminatory, multidisciplinary evaluation by qualified professionals.

Provides related services, including transportation and such supportive services as are required to assist a child to benefit from special education.

Assures parental involvement and consent in all aspects of the educational process.

Assures confidentiality of records.

Major Provisions of the *Americans with Disabilities Act* (P. L. 101-336)

Prohibits discrimination in employment, public services, public accommodations and transportation.

Promotes community integration by prohibiting discrimination on the basis of disability by entities such as:

- hotels
- restaurants and bars
- theaters, concert halls, stadiums
- auditoriums, convention centers
- stores, malls
- offices, hospitals
- terminals, depots
- museums, libraries, galleries
- parks, zoos
- schools
- day care centers, senior citizen centers, shelters
- gymnasiums, spas, recreation centers

Positive Effects of Mainstreaming

For Children with Special Needs:

1. A more complex environment will stimulate developmental progress.
2. Nonhandicapped models will encourage use of social skills and language.
3. A mainstreamed setting is more like the real world. Children with disabilities grow up included, not excluded.
4. The community may be more accepting of a handicapped child if she or he is in a "normal" setting.

For Typically Developing Children:

1. Opportunities are available in a mainstreamed setting to learn about differences in human growth and development.
2. Nonhandicapped children may become more accepting of children who are different as they learn to work and play with a wider range of children.
3. They may become more accepting of their own limitations.
4. Children with special needs are models for trying hard and coping in spite of adversity.

Bailey, D. B. & Winton, P. J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education, 7*(1), 73-88.

Positive Effects of Mainstreaming

For families of children with special needs:

1. More positive attitudes may develop toward the child who has handicaps.
2. The mainstreamed setting provides a "real world" perspective for interpreting the child's accomplishments and failures.
3. The family's knowledge of typical child development may improve.
4. The mainstreamed setting provides parents of handicapped children a chance to see chronologically age-appropriate activities.
5. They may develop an improved perception of themselves as parents.
6. They may not feel so socially isolated.

For families of typically developing children:

1. The mainstreamed setting provides a concrete opportunity for teaching their children about differences in growth and development.
2. Families of nonhandicapped children may develop a greater understanding of persons with handicaps.
3. They may become more sensitive to the needs of families with children who have disabilities.
4. They may become future advocates for community integration.

Bailey, D. B. & Winton, P. J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education, 7*(1), 73-88.

Positive Effects of Mainstreaming

For teachers:

1. They may develop positive and realistic attitudes toward mainstreaming as a result of their experience.
2. They receive additional training that will help them with all children, for example on how to enhance social interactions.
3. They receive the personal satisfaction of helping all different types of children to make progress and to become friends.
4. They may gain an additional teaching assistant in the classroom.

For community:

1. Mainstreaming maximizes the potential of all children and helps those with handicaps to become productive members of society.
2. Providing intervention early in a child's life saves money in the long run because disabilities can be remediated to varying degrees, enabling the children to be more independent.

Bailey, D. B. & Winton, P. J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education, 7*(1), 73-88.

Rationale for Integrating Children with Disabilities

I. Social

Children with disabilities need to be around their non-disabled peers in order to learn skills that will help them get along in the world. Children without disabilities can learn a lot about themselves by being around children who have disabilities. They may, for example, increase their acceptance of others who are different from themselves.

II. Educational

When compared to special schools or classrooms, integrated educational programs offer broader options for children in play, use and variety of materials, interactions with other children and exploration of the environment.

III. Legal

People with disabilities have a right to living and educational opportunities within the mainstream, that is, in normal everyday settings with non-handicapped peers. Recent federal laws have guaranteed that public services that have always been offered to persons without disabilities must now be available to persons who have handicaps. Such services include day care for children.

Community Examples of Integrating Young Children

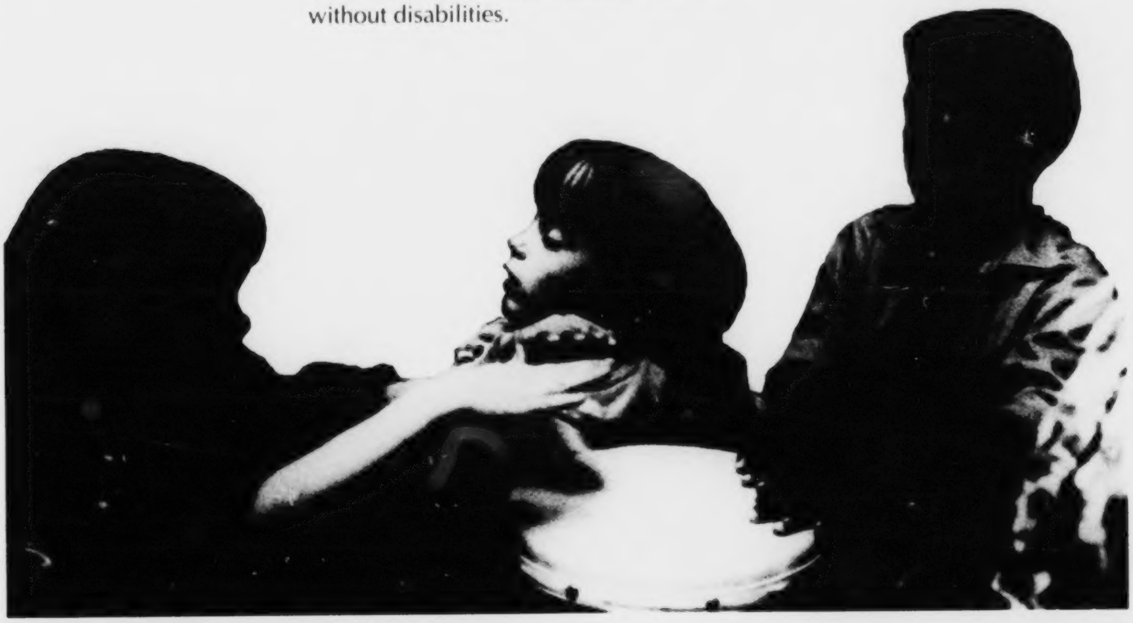
1. Head Start is mandated to reserve at least ten percent of its enrollment slots for children with disabilities.

2. Family day care homes in many communities have begun to serve children with special needs along with typically developing preschoolers. This is especially true for infants and toddlers.

3. Most Mental Health Agencies operate developmental day programs that have traditionally served children with special needs. Many of these programs have begun to integrate nonhandicapped children as part of their regular enrollment.

4. Many day care centers now serve children with special needs on a part or full-time basis. In some instances they have been serving children for a long time who have only recently been officially diagnosed as having special needs.

5. Before and after school programs, summer camps and community recreation programs are often attended by both children with and without disabilities.



Essential Components of a Successful Integration Program

1. The physical environment is free of barriers that limit or prevent access and mobility.
2. Staff are committed to the principle of integration and receive adequate ongoing training about integration practices.
3. Staff and families collaborate regularly in planning how to meet the individual needs of children.
4. A system is in place for communication with other agencies when needed to plan how to meet the individual needs of children and their families.
5. The developmental progress of children is assessed routinely and competently and the assessment results are used in planning individualized educational plans for children.
6. Teachers employ a variety of instructional strategies to meet the individual needs of children.
7. Teachers monitor the need to facilitate or enhance interactions between children with and without disabilities.
8. Transitions of children into or out of the program are planned thoughtfully, with attention paid to any need for providing children information about each other.
9. Children with disabilities are given support and assistance when needed in answering questions about themselves.
10. The rights of children and families to confidentiality is respected at all times.
11. A comprehensive system for evaluating the overall program is followed.

Mainstreaming Policy Statement

You are helping to prepare a handbook for your center that describes the center's policies and philosophy.

In the space below, write a short description of a philosophy supporting the principle of mainstreaming. In other words, state why mainstreaming is a good idea for your center.

Strategies for Communicating a Commitment to Integration

You and your co-workers are planning to develop specific strategies for letting people know about your center's commitment to integrating children with and without disabilities. Write down your ideas for each of the following groups. An example is provided.

Parents

Example: Include information about integration in parent conferences or as part of an orientation to all parents before children are enrolled.

____

____

____

Community

Example: Include stories about successful integration in a newsletter.

____

____

____

Teachers and Other Care Providers

Example: Invite co-workers to observe or participate in activities in your integrated classroom.

____

____

____

Where to Go to Learn More

Brightman, A. (1983). *Ordinary moments: The disabled experience.* Baltimore, MD: University Park Press.

Brown, T., & Ortiz, F. (1990). *Someone special, just like you.* New York: Holt, Rinehart & Winston.

Turnbull, A. P., & Turnbull, H. R. (Eds.) (1978). *Parents speak out.* Columbus, OH: Charles E. Merrill Publishing Co.

Wolfensberger, W. (1972). *The principle of normalization in human services.* Toronto: National Institute on Mental Retardation.

2

Abilities First:
Considering the Child with Special Needs

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Module Flow Guide

(Three 2-hour Sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. **Highlight objectives & answer questions**	Group review	Student objectives	5 min.
II. **Review typical child development**	Child development skills activity Lecture Group discussion	HO Series–Child Dev. Skills HO–So Who's Normal?	40 min.
III. **Getting to know the "whole" child**	Lecture Group discussion Role plays Assignment	Flipchart/Blackboard Marker/Chalk Overhead projector OT–Six Areas … HO–A Guide for … HO Series–Checklists (0-60 Mos.)	1 hr.
Session Two			
IV. **Types of developmental disabilities**	Lecture Group discussion	Overhead projector OT–What is it? (developmental disability…) OT series–Characteristics & Early Warning Signs	50 min.
V. **The limitations of diagnostic categories**	Lecture Group discussion	HO–Limitations of Diagnostic Categories	15 min.
VI. **The effects of labeling**	Headband stigma activity	Prepared headbands Masking tape	30 min.
Session Three			
VII. **Some basic concepts about developmental disabilities**	Lecture Group discussion	Flipchart/Blackboard with concepts already written on it HO–Important Considerations …	50 min.
VIII. **Demystifying Special Education**	Video Group discussion	VCR, Monitor Video: *Demystifying Special Education* *Young & Special Leader's Guide*	50 min.
IX. **Wrap-up**	Group discussion		10 min.

Student Objectives

FOCUS

Development is continuous. Children achieve developmental milestones at different rates, usually across the same time period of several months. Intervention for children who have special needs or are delayed in achieving developmental milestones is most effective when warning signs are detected early and services are begun right away. Parents are important observers of their children and have critical information about their development.

Awareness

Participate in an activity that matches developmental milestones for major developmental areas with the age range in which they usually occur, birth through five years of age.

Participate in a parent interview role play.

Knowledge & Skills

Define what it means to be "at high risk" for developmental disabilities by describing a hypothetical situation.

Describe two strategies for getting to know the "whole" child.

Review six developmental areas often included on developmental checklists and give examples of skills in each area.

Use part of a developmental checklist to look at a young child's skills.

Review the definition of developmental disability.

Review characteristics and early warning signs of the following types of disabilities:

- mental retardation
- serious emotional disturbance
- hearing impairments
- visual impairments
- speech & language impairments
- orthopedic impairments
- specific learning disabilities
- autism
- traumatic brain injury
- other health impairments

Review the limitations of diagnostic categories and participate in an activity that highlights the effects of labeling.

Give examples that demonstrate an understanding of the following concepts about developmental disabilities:

1. Some disabilities can be diagnosed early in life while others may not be noticed until the child is older.
2. Many children with special needs have delays or disabilities that make them dependent upon others.
3. Many children with special needs have delays or disabilities that keep them from learning well on their own.
4. Some disabilities may interfere with how children interact with others and the environment. As a result, they may acquire an additional handicap.
5. Care providers should be aware of and sensitive to the child's and family's feelings in dealing with and accepting the child's special needs.

Identify issues deserving special consideration when a teacher suspects a child has a developmental disability.

Child Development Skills

The _______ Month-Old Child

eyes coordinated, blink at shadows, fast movement
looks into eyes of mother
eyes follow past midline
smiles responsively
has a bright, interested look at people and objects
recognizes mother
can be quieted by being picked up

listens to sounds and music, looks to locate
makes vowel sounds, ex: oo, ah, ee, uh
coos back in response to verbal interaction
may also vocalize independent of environment or persons
uses specific cries for specific needs
listens attentively to "talking"

on tummy, holds head at 45 degrees
when held in sitting, holds back and head erect, head unsteady
reaches for objects, may not grasp yet
hands together at midline, touching and feeling each other
retains objects in hand voluntarily
looks at rattle in hand, attention to sight and sound
takes hand to mouth
vigorous head turning
attentive 30-45 minutes at time

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

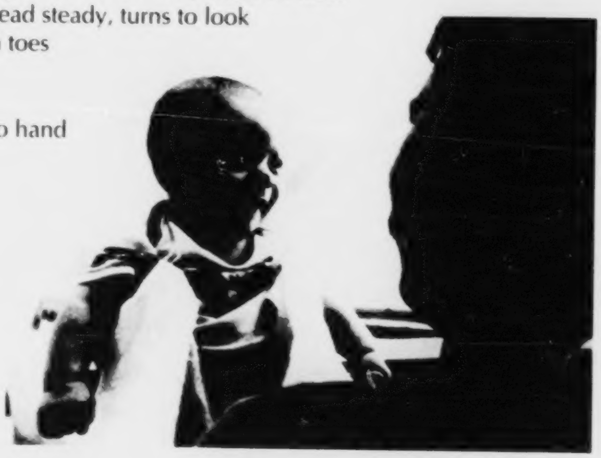
Child Development Skills

The ________ Month-Old Child

smiles spontaneously
demands attention
plays alone briefly
reacts to adult's intonation and emotion (happy/angry)
resists toy being taken away
holds up arms to be picked up
aware of strange situations, strangers

vocalizes moods, vocalizes spontaneously
imitates sounds
tries to imitate inflections
vowels begin to be sprinkled with consonants (b,m,p,d,v,th,s,n.)
varies volume, pitch and rate of utterances
babbles and becomes active during exciting sounds
squeals with excitement, giggles, belly laughs!

picks up object from flat surface
puts objects in mouth
on tummy, holds head 90 degrees; on forearms, chest off floor
when held in sitting, holds head steady, turns to look
on back, lifts legs, plays with toes
sits with slight support
reaches with one hand
transfers objects from hand to hand
holds own bottle
actively attempts rolling



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Child Development Skills

The _______ Month-Old Child

knows strangers from family members
responds to mirror image with smile and cooing
displeased if toy taken away & very expressive about it
refuses to be distracted, shows persistence
very, very social

recognizes familiar words
stops, hesitates when told "no"
looks at book, picture for about 1 minute
imitates speech sounds
imitates environmental sounds, ex: choo-choo, beep-beep
says mama and dada *specific* to mother and father

rolls over
crawls actively (can even turn around)
pulls to stand and remains holding onto support
a little fearful of heights, aware of vertical space
from lying on back, can roll over and come to sit
sits independently
stands when held up

approaches small objects with two fingers, larger with both hands
plays with toys with both hands in midline
index finger begins to poke into small places
changes dimensions of objects by looking at them upside down or with eyes partially covered
uncovers toys he has seen hidden
remembers games from day before
shakes rattles, bangs toys actively
may build tower of two blocks
can put small objects into large containers

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The _______ Month-Old Child

gives affection
waves bye-bye
wants mother to meet needs, fearful of strangers
plays cooperative games, ex: pat-a-cake, rolling ball back to you
holds out toy to you
repeats actions laughed at
begins to develop sense of humor
negativism increases, may refuse eating new foods
may develop tantrums
perceives objects and people as detached and separate
has play routines

imitates cough and tongue click
uses exclamations such as uh-oh, oops, aw, ow...
vocalizes to music
uses short sentence jargon, interjecting familiar words
says 4+ clear words in addition to mama and dada
shakes head for a definite "no," may say, "No!"

thumb opposition complete
can finger feed, usually insists on feeding self
drinks from cup which adult holds
eats semi-solid foods
removes shoes, socks, hats, shirts, diapers

crawls on all fours, even up stairs
cruises around furniture
stands momentarily without help

moves toys from one place to another
unwraps toys in cloth, finds toys hidden under boxes, etc.
imitates actions more deliberately and precisely
imitates from memory, does not need to have model present
flings objects in play
imitates stirring with spoon in cup
purposeful release to drop objects
removes lid from box
pushes toys along surface

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Child Development Skills

The _______ Month-Old Child

shows sympathy for others
begins to use pretend play, even when playing alone
hugs and loves doll and stuffed toys
gives physical cues for wanting closeness
defends possessions from peers and adults

recognizes photographs of self and family members
knows and answers to name
labels several objects spontaneously
follows simple directive, ex: bring me a diaper, kiss the doll
repeats 2 single words heard in conversation
points to 1 or 2 body parts of doll
selects 2 objects from a group of 4 objects upon request
imitative play continues to develop
likes rhymes and jingles

removes simple garment
may give up bottle
may indicate when wet or soiled

walks alone well, begins to stiffly run
climbs into low chair
loves to push wheel toys or large boxes
walks well with pull toy
walks up stairs holding onto rail

builds tower of 4 blocks
removes and replaces round piece in puzzle
scribbles freely, uses different colors of crayons
unwraps toy from cloth
plays pushing small cars
plays rolling a ball
tries to turn pages of a book

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Child Development Skills

The ________ Month-Old Child

begins to separate more easily from parent
able to overcome anger and become re-organized in play in a brief period (5-10 minutes)
verbally asks to be close physically ("Hug, please.")
involves others in pretend play
begins to "command" peers and adults to become involved or perform some tasks

understands simple request and commands
able to carry out 2-step command involving an object
carries on conversations with self and dolls
asks many questions
has a large vocabulary (250-300 words)
attentive to activity without supervision 5-10 minutes
can name several objects in a picture
listens to short stories accompanying pictures

handles cups and spoons well, still messy
squats in play
runs with skill
jumps off bottom step
kicks ball
throws ball overhand

completes 3-piece formboard (circle, square, & triangle)
imitates a circular and vertical stroke with a crayon
builds tower of 6-9 blocks
turns pages of books
turns doorknobs
has hand preference for activities

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The ________ Month-Old Child

may tantrum, but is able to recover
knows own gender
has confidence in own abilities, likes to "show off"
may still cling in stressful situations
begins to follow rules involved in class or in games
is able to remain attentive to tasks at hand
begins to understand relationship between actions & consequences
begins to be socially appropriate with peers and adults
begins to distinguish between the real world and pretend play
likes to help with household or yard tasks
occasionally shares

talks well in sentences of 3-5 words
understands some prepositional phrases (the cat is *under* the chair)
knows big and little descriptions
understands concept of one vs. many
discriminates sounds made by objects
uses plurals
relates recent experiences
helps tell rhymes, songs, stories
answers yes/no questions accurately
has a vocabulary of at least 600-700 words

pulls on shoes
unbuttons large, easy buttons
indicates toileting needs
washes and dries hands

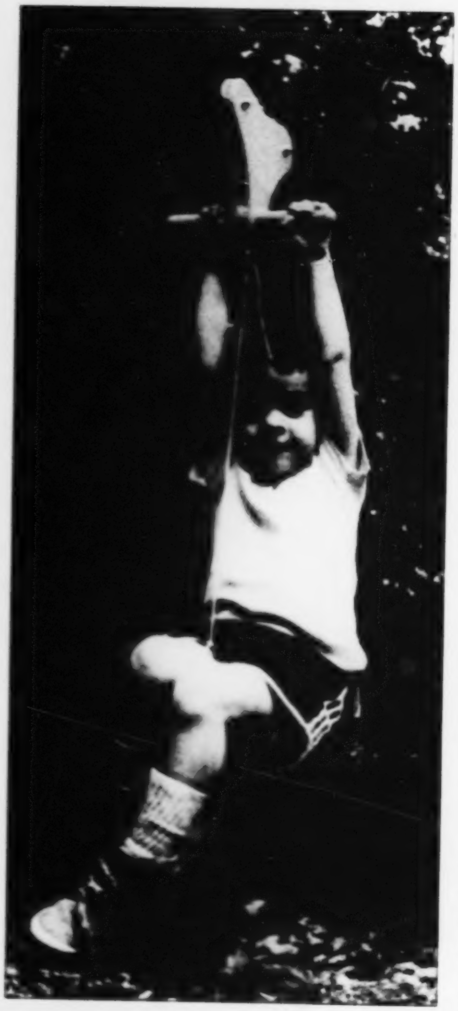
walks on tiptoes
broad jumps
begins to pedal tricycle
walks up & down stairs, both feet to a stair, holds on; later alternating feet

copies circles
imitates cross
builds tower of 10+ blocks
strings beads easily
matches 2-3 colors
matches 2-3 shapes
places 1-3 pieces of puzzle (inlay-type)
identifies actions illustrated in pictures

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The ________ Month-Old Child



responds to limits with understanding
is beginning to respond to the needs of peers
manipulative of people—understands complex interrelations
has definitive pride in accomplishments
can accomplish a task with future reward
beginning to respect rights and feelings of others
totally involved in interactive play
takes turns very willingly

dresses with supervision
brushes own teeth

climbs outdoor play equipment easily
catches 6-inch: ball
balances on one foot 5-10 seconds
bounces ball awkwardly

understands imaginary conditions and will say, "Suppose that..." or, "I hope..."
beginning to understand some time frames: early in the morning, noontime, next year, next month
understands many prepositions, ex: ball is *under* glove
is able to categorize objects, group colors, or "same" objects
identifies many objects by their use
carries out 3 unrelated commands spoken at once
names 2-3 colors
understands texture differences, ex: rough and smooth
knows which is taller, longer, shorter
has a vocabulary of nearly 1500 words!
asks questions constantly
speech is intelligible even to strangers
self-talk decreasing, talk to others increasing
counts 3 objects, 1 object represents each number
converses in 5-6 word sentences
knows age
folds paper imitatively
cuts efficiently with scissors, along line (a square in half!)
draws a recognizable person

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The ________ Month-Old Child

is responsive to many different feelings shown by others
understands and follows simple game rules
follows directions that require precise action

bathes with supervision

throws/catches ball with another person

knows which of 2 events happened first
use the words "first" and "last"
can think several steps ahead before acting
retells three events from fairy tale
names opposites
asks many "why" questions
is interested in the mail
is interested in answering and using the telephone
knows many colors
asks about earlier days
anticipates major holidays
notices "errors" adult makes in nursery rhymes

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

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So Who's Normal?

Della
Three Days

Even before birth, Della was very active. She kept her mother awake at night before she was born, "bicycling" in her womb. When she was delivered, she came out crying and kicking. She still cries a lot. When she's not crying or sleeping, she's in perpetual motion-kicking, squirming, and throwing her arms about.

Six Months

Della has been sleeping through the night for just a few months. She is still a whirling dervish. She spends hours doing push-ups, can sit up by herself, and loves to be stood up. Della is not agreeable about everything, though. She cried loudly at her first bath, and always spits out new foods the first time she's given them. She will usually try them if they're offered, however.

Two Years

Della has been walking for over a year now. She keeps her parents very busy trying to keep her out of trouble. Della is still determined to do things her own way, and has temper tantrums if she can't. Her parents try to remain calm but firm. Della dislikes change, and still refuses to sit still long enough to use the toilet. Her parents know that sooner or later she'll decide she is ready.

Five Years

Della cried and put up a fuss on the first day of school, but by the end of the week she was starting to enjoy herself. It is a bit hard for her to sit still very long and concentrate on one thing. Everyone likes Della, though. The other children try to imitate her skill on the playground, but most of them can't keep up with her.

Joey
Three Days

From the minute he was born, Joey has been quiet and easy-going. After he was delivered, he lay quietly in his crib, even when he was washed for the first time. He fusses sometimes but doesn't cry much. When he's not sleeping, Joey moves his arms slowly and looks around.

Six Months

Joey has been sleeping through the night and eating at regular times since he was just a few weeks old. He still doesn't move around a lot. Even though his older brother was sitting by this age, Joey goes limp when his parents try to sit him up. He loves to play with simple objects like blocks and cups, though, and he welcomes new experiences. He accepted solid foods and his first bath with smiling and cooing.

Two Years

Joey didn't start walking until just six months ago, but he started talking at ten months. He knows a lot of words for his age, and spends hours looking at books and talking to himself. Since he doesn't always reach out for new things, his parents offer him lots of stimulating toys and activities. Joey always accepts these happily. Because he is so regular in his habits, Joey's parents were able to start toilet training him at twenty months.

Five Years

Joey has just started kindergarten. He loved school from the first day. His early interest in words has continued to grow, and he started to read last year. Joey's teacher encourages this interest, but makes sure he has lots of chances to play with other children and to exercise.

Children have their own individual way of growing up. While it is tempting to compare children with each other, especially if they are sisters or brothers, no two children are alike. Della and Joey are both typically developing children, but notice how different they are!

Adapted from *Footsteps*, Dept. of Health, Education and Welfare, U.S. Government Printing Office, 1978.

A Guide for Role Play Observers

Consider the following questions during the role play:

1. Did the teacher thank the parent for meeting with her?

2. What did the teacher do to make the parent feel at ease? (teacher's facial expression, general affect, body language)

3. Did the teacher describe the purpose of the meeting before the interview began? (to gain information about Maurice's self-help skills at home)

4. Was the teacher a good listener? How could you tell? (body language, eye contact, responsive comments)

5. What techniques did the teacher use to obtain information about Maurice's self-help skills at home? (asked parent to describe a typical day, asked direct questions, described what Maurice did at school)

6. Did the teacher convey a positive attitude about Maurice? How?

7. Did the teacher stick to the purpose of the meeting?

8. Did the mother seem to feel comfortable? How do you know?

9. Was there a dialogue between the teacher and the mother, or did one person monopolize the conversation?

10. What types of questions did the teacher ask? (open-ended or questions requiring a single word or yes/no response)

11. What self-help abilities were discussed? Examples:

    Maurice's eating skills: use of a bottle, cup, spoon, fork, napkin

    Maurice's dressing and undressing skills: unbuttoning, unsnapping, unzipping, front/back differentiation, putting clothes on and taking them off

    Maurice's diapering/toileting needs: does he indicate when wet? How will teacher and mother decide when to start toilet training him?

    Maurice's grooming skills: tooth brushing, bathing, nose-blowing

0-6 Months

Checklist

New Behavior

☐ Quiets when picked up
☐ Lifts head when held at shoulder
☐ When on stomach lifts or turns head
☐ Eyes follow a moving person
☐ Looks (rather than glances) at suspended object
☐ Grasps and holds a person or object for several seconds
☐ Responds to talking, smiling, or touching
☐ Stops crying when someone (without holding) begins to play with him
☐ Random arm thrusts in play
☐ Sits in lap with support
☐ Closes hand on dangling toy
☐ Makes approach movements toward mirror image
☐ Cries to get a bottle, attention, or to be held

New Behavior

☐ Laughs aloud
☐ Pulls garment over face
☐ Reaches persistently
☐ Eye-hand coordination in reaching
☐ Vocalizes in response to a smile or talking
☐ Knows familiar people or things by sight or voice
☐ Turns head to sound of bell and rattle
☐ Turns head after a spoon that has fallen from the table
☐ Vocalizes in association with pleasure, displeasure, eagerness, and satisfaction
☐ Uses vocal noises for play
☐ Rolls from back to stomach
☐ Likes frolic play

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

6-12 Months

Checklist

New Behavior

- ☐ Sits alone, steadily
- ☐ Playful response to mirror image (laughing, patting)
- ☐ Has method of getting from one place to another
- ☐ Drinks from a cup with some help
- ☐ Uses thumb and forefinger to pick up small things
- ☐ Uncovers toy purposefully
- ☐ Looks at specific picture in book
- ☐ Says "da-da" or equivalent
- ☐ Shows likes or dislikes of some people, objects, or places
- ☐ Looks for something that has been put in a box
- ☐ Drops small object into larger container
- ☐ Imitates actions (such as stirring with spoon in cup)
- ☐ Walks with help
- ☐ Understands "no"
- ☐ Regards new person briefly with show of interest or response

New Behavior

- ☐ Attempts some recognizable imitation of words
- ☐ Anticipates sequence of some familiar events
- ☐ Sometimes comes when he is called
- ☐ Repeats action that is socially reinforced
- ☐ Uses motions as a way of talking (shakes head "no" holds out arms to be picked up)
- ☐ Attends and responds to adult actions and words across room
- ☐ Demonstrates food preference
- ☐ Searches in the right place for a thing that has been moved out of his sight
- ☐ Knows what some familiar things are for
- ☐ Uses crayons with definite attempts to make marks

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

12-18 Months

Checklist

New Behaviors

- ☐ Cooperates in games involving imitation
- ☐ Holds, hugs, and spanks dolls
- ☐ Imitates and echoes words and sounds
- ☐ Scribbles spontaneously
- ☐ Points to show desires and call attention to events
- ☐ Shows where his toes, eyes, and nose are
- ☐ Throws ball intentionally
- ☐ Walks up stairs with help
- ☐ Pitches or brings objects in direction he wants
- ☐ Takes off socks or shoes (if unfastened)
- ☐ Uses a spoon without help and with very little spilling
- ☐ Uses some sounds (words and word-like sounds) and tells feelings
- ☐ Knows and says the names of at least five things

New Behaviors

- ☐ Shows interest in things or games other children like
- ☐ Points to at least one body part when asked (on self or doll)
- ☐ Imitates adult's crayon strokes (a fast, more or less straight mark across page)
- ☐ Tries to stand on a flat board
- ☐ Brings something from or takes something to another place
- ☐ Begins to hum and sing
- ☐ Keeps himself busy and happy for at least fifteen minutes with building, looking at pictures, or other similar activity
- ☐ Puffs air (enough to blow out candle)
- ☐ Puts round block in round hole

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

18-24 Months

Checklist

New Behaviors

- ☐ Gestures for communication
- ☐ Attempts to follow directions
- ☐ Voluntarily relaxes from activities for quiet period
- ☐ Tantrums if things go wrong
- ☐ Puts two or more words together to form sentences
- ☐ Uses signs or words to make wants known
- ☐ Discriminates, chooses, makes simple judgments
- ☐ Indicates awareness of role of objects by using them correctly
- ☐ Hands object to adult and waits reaction
- ☐ Seems interested in exploring new places (a friend's house or places in his own home)
- ☐ Extends investigations to wider range of objects
- ☐ Washes and dries own hands

New Behaviors

- ☐ Changes from straight line to scribble if asked
- ☐ Walks sideways and backwards
- ☐ Pulls on person to show something
- ☐ Uses at least fifteen different words in the right way
- ☐ Matches and compares familiar objects by color
- ☐ Uses some objects in more than one way
- ☐ Shows sense of ownership in people and property ("my" mommy, "my" spoon)
- ☐ Goes upstairs taking one stair with each foot
- ☐ Recognizes general family name categories (baby, grandmother, etc.)
- ☐ Makes attempts to replace doll head if removed from doll
- ☐ Recognizes self in a photograph

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

24-30 Months

Checklist

New Behaviors

☐ Imitates play of others

☐ Listens to simple stories, especially liking those heard before

☐ Carries on conversation with self and dolls

☐ Finds own play area or activity

☐ Explores surroundings in new or modified ways

☐ Understands and stays away from common dangers

☐ Uses size words (large, big, little, small) often and correctly

☐ Sometimes gives first and last name when asked

☐ Repeats parts of nursery rhymes or joins in

☐ Understands the concept of one

☐ Groups things together by color, form, or size

☐ Enjoys using comparisons (color, form, size) in self-directed play

New Behaviors

☐ Understands and uses correctly fifty words

☐ Uses simple speech equivalent to obtain wants

☐ Shows (by asking or gestures) the need to go to the toilet

☐ Has enough eye-hand ability to copy a line

☐ Shows pleasure in dealing with people and things

☐ Likes to "help" parents around the house (raking leaves, setting table)

☐ Usually knows when certain clothes, activities, or toys are appropriate

☐ Differentiates circle and square forms

☐ Takes things apart for the purpose of learning

☐ Likes to listen (acquires sense of descriptive purpose of words)

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

30-36 Months

Checklist

New Behaviors

- ☐ Uses short sentences to convey simple ideas
- ☐ Understands the idea of waiting for someone else to go first
- ☐ Follows simple rules in group games run by an adult
- ☐ Takes apart and puts together purposefully
- ☐ Understands in, out, and under
- ☐ Puts on own coat and shoes (without buttoning or tying)
- ☐ Counts two, indicates awareness of "one more"
- ☐ Hops on one foot and walks upstairs and downstairs, placing one foot on each stair
- ☐ Knows that different activities go on during different times of the day

New Behaviors

- ☐ Expresses feelings, desires, and problems verbally
- ☐ Compares size; puts size comparison to practical use
- ☐ Remembers and names objects absent for a short time
- ☐ Uses scissors with one hand to cut paper
- ☐ Feeds himself, using a fork and/or spoon and glass in the right way
- ☐ Deals verbally with nonpresent situation
- ☐ Child recognizes picture of an object even when shown a different view
- ☐ Runs freely
- ☐ Acts out (singly or with others) simple stories
- ☐ Identifies object by its use

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co. Co.Co.

36-42 Months

Checklist

New Behaviors

- ☐ Takes a shampoo willingly
- ☐ Says a few words when showing something
- ☐ Mouths some familiar words as they are read
- ☐ Shows an interest in mud play
- ☐ Recognizes some road signs and trademarks
- ☐ Recognizes some of his own basic feelings
- ☐ Has a variety of favorites
- ☐ Is interested in doing things with others
- ☐ Understands the idea of preparation
- ☐ Says at least 200 words but understands many more
- ☐ Recognizes words such as "big" and "little"
- ☐ Sees differences in squares, circles, triangles
- ☐ Recognizes the names of some body parts

New Behaviors

- ☐ Pays attention to another child who is playing nearby
- ☐ Holds up fingers to show age
- ☐ Names pictures of common items
- ☐ Knows a number of directional words
- ☐ Puts on most clothing; has difficulty with fasteners
- ☐ Follows instructions containing one step
- ☐ Maintains interest in a project for several days
- ☐ Follows two-step instructions
- ☐ Comments about environmental sounds
- ☐ Scribbles with controlled movements
- ☐ With two objects, identifies which is larger
- ☐ Follows a simple obstacle course

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

42-48 Months

Checklist

New Behaviors

- ☐ Asks about the feelings of other people
- ☐ Is familiar with the use of fingerpaints
- ☐ Uses a tool with adult help
- ☐ Competently uses crayons and fingerpaints
- ☐ Finds a pair of pictures in a group of four
- ☐ Sometimes tells wants and needs
- ☐ Is beginning to use a comb and brush
- ☐ Likes to try doing things by himself
- ☐ Plays follow the leader
- ☐ Enjoys participating in family activities
- ☐ Answers questions with specific information
- ☐ Classifies things by the way they are used

New Behaviors

- ☐ Throws a ball overhand
- ☐ Is interested in helping adults
- ☐ Sometimes cooperates with another person
- ☐ Uses many action words
- ☐ Notices changes in things
- ☐ Matches two pictures in a group of eight
- ☐ Skips, hops on one foot; says short sentences
- ☐ Uses many descriptive words
- ☐ Hunts for misplaced toys
- ☐ Asks questions about the work people do
- ☐ Shows curiosity about surprises
- ☐ Points to letters and asks their names
- ☐ Says words for a number of space relationships

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

48-54 Months

Checklist

New Behaviors

☐ Uses the phrases "I like ...." "I don't like ..."
☐ Knows words for several family relationships
☐ Answers questions about a story he's just heard
☐ Looks at small objects when he goes for a walk
☐ Asks about sizes
☐ Often uses three-word sentences
☐ Feeds himself well with a spoon
☐ Plays for a time with another in the same activity
☐ Dependably answers who, what, and where
☐ Counts by rote to five
☐ Combines some words for actions and space
☐ Begins to talk about preferences
☐ Matches things that are used in a like way

New Behaviors

☐ Asks many "why" questions
☐ Uses short sentences to recall events
☐ Recounts parts of familiar stories
☐ Retells three events from a fairy tale
☐ Occasionally draws a simple human figure
☐ Says words for some feelings
☐ Is interested in mail and in using the phone
☐ At the end of a story, asks for more
☐ Knows which of two events happened first
☐ Recognizes words for basic colors, shapes, and sizes
☐ Holds two or three alternative ideas in mind
☐ Names many pictures in household magazines

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

54-60 Months

Checklist

New Behaviors

- ☐ Recognizes when others show their feelings
- ☐ Handles small things well; likes trying new skills
- ☐ Follows directions in supervised art activities
- ☐ Likes to use a pencil and pretend to write
- ☐ Classifies things by one characteristic
- ☐ Sometimes pretends she's someone else
- ☐ Uses scissors to cut snips in edge of paper
- ☐ Cooperates with another person in throwing a ball
- ☐ Recognizes some needs of self and others
- ☐ Asks about earlier days
- ☐ Dependably follows simple adult-made rules
- ☐ Uses the words "first" and "last"
- ☐ Uses names of many colors; says numbers to five

New Behaviors

- ☐ Plays games with imaginary people
- ☐ Asks why something happened
- ☐ Gets dressed with little help
- ☐ Waits for own turn and usually follows directions
- ☐ Anticipates the major holidays
- ☐ Knows the concepts of same and different
- ☐ Sometimes says words for numbers to ten
- ☐ Can think several steps ahead before acting
- ☐ Understands the rules of Simon Says
- ☐ Follows directions that require precise action
- ☐ Notices "errors" adult makes in nursery rhymes
- ☐ Names the opposite of a word on request

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the First Three Years: A Guide to Parent-Child Play.* New York: Walker & Co.

Limitations of Diagnostic Categories

1. For each diagnosis, a range of developmental effects occurs from mild, to moderate, to severe/profound. One child's visual impairment may be mild, while another child is blind. Thus, children with the same diagnosis may be very different from one another.

2. The diagnosis itself does not provide any information about specific treatments or educational interventions. Not all visual impairments can be corrected with glasses; not all hearing impairments are corrected by hearing aids. Educational programs are designed based on the child's skills and the priorities and values of their families.

3. In most cases, the diagnosis does not result in an accurate prediction of later abilities. Outcomes are related to what happens after diagnosis. The long-term effects of most diagnoses are not known because early intervention is relatively new and its impact combined with that of quality education throughout the school-age years are not well understood.

4. Each condition can occur alone or in combination. One child may only have a visual impairment, but another may have a visual impairment and mental retardation.

5. Diagnostic categories or labels are often used to establish eligibility for services and funding, yet children with special needs are a very diverse group. The use of labels can stigmatize children when people do not look beyond the label at the individual child's unique qualities and needs. There is no "typical" special needs child.

Source:
Wolery, M., Strain, P. S., & Bailey, D. B. (in press). Applying the framework of developmentally appropriate practice to children with special needs. In S. Bredekamp (Ed.), *Appropriate curriculum and assessment.* Washington, D.C.: National Association for the Education of Young Children.

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Important Considerations When a Developmental Disability is Suspected

What observations of the child lead you to suspect a delay or disability? Have you recorded your observations over a period of several weeks? Have you considered other explanations for the child's behavior?

Have other people who interact with the child observed what you have?

Have you observed the child at home? Is the child's behavior there consistent with what you see at day care?

Is the child suddenly behaving differently than he or she has in the past?

How long has the child been in your class?

Has anything in the child's life changed recently?

Is the child in good health? Does the child receive adequate sleep and nutrition?

Does your center have a policy about what to do when a teacher suspects a child has a developmental delay or disability? Does your policy protect the family's legal right to give permission for and be involved with assessment and planning?

Who are the primary caretakers? Would it be best to talk to both parents at the same time? Is your schedule flexible enough to allow you to meet with the parents at their convenience?

Are you open to parent observation and participation in the classroom? Would you be comfortable if a specialist wanted to observe or evaluate the child in the classroom?

Are you aware of community resources to which you could refer parents if they choose to have their child evaluated?

Where to Go to Learn More

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3

Working Together: A Focus on Families

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Module Flow Guide

(Three 2-hour Sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	5 min.
II. The child's impact on the family	Lecture Group discussion "Anticipating Birth" activity	Flipchart/blackboard Markers/chalk Overhead projector OT–Parent Responses… HO–Various Responses… HO–Welcome to Holland	90 min.
III. Prepare for the parent panel (optional)	Group discussion	Overhead projector OT–Suggested Questions	10 min.
Session Two			
IV. Staying in touch with parents & families	Lecture Group discussion	Overhead projector OT–Working with Families … HO–Guidelines for Family-Centered …	1 hr.
V. The experiences of parents	Choose one: • Video • Parent Panel	Choose one: • Video: *Someday's Child* *Someday's Child Facilitator's Guide* VCR, monitor • Parent Panel	45 min.
	Assignment	HO–Effective Communication Skills	5 min.
Session Three			
VI. Effective communication	Lecture Group discussion "Reflecting Feelings" activity	HO–Effective Communication Skills "Reflecting Feelings" Activity	1 hr.
VII. Confidentiality	Lecture Role plays	Overhead projector OTs–Confidentiality	45 min.
VIII. Wrap-up	Group discussion Assignment	*Infant/Toddler Environment Rating Scale*	10 min.

Student Objectives

FOCUS

The people most familiar with a child are the family members. When the child care program and home communicate regularly about the child's accomplishments and needs, the child will be more likely to reach his or her developmental potential. Families are different in their personal circumstances, experiences and culture, and therefore in their priorities, strengths and values. Professional behavior should reflect this understanding.

Awareness

Participate in an exercise that highlights the concept of adjusting to the birth of a child with disabilities when a healthy, typical child was imagined and hoped for.

Review some common stresses and feelings experienced by parents of children with special needs.

Knowledge & Skills

State why communication between the child care program and family is important in general and why it is critical for families and staff working with young children who have special needs.

State why and how the degree of involvement between family and child care program may vary across families and over time for any one family.

Describe the meaning and implications of the following guidelines for services that are responsive to the needs of families:

1. Take time to get to know the family.
2. Create a variety of opportunities for sharing information.
3. Recognize the importance of the family as the major constant factor in the child's life.
4. Respect and accept family diversity.
5. Be nonjudgmental and sensitive toward the family's emotions.
6. Respect confidentiality.
7. Design flexible services.
8. Do not expect to meet all the family's needs.

Describe at least two considerations in setting the stage for effective communication between family and child care programs.

Describe one factor that can impede effective communication between the child care program and the family of a child with special needs.

- List and define four key skills to effective communication between care provider and parent.

Demonstrate "Reflecting Feelings" skills by participating in role plays.

Describe what is meant by the family's right to confidentiality.

Optional

Compile a list of community services and agencies available to help children with disabilities and their families.

Various Responses of Parents of Children with Special Needs

"It's been a rough few months. I'm sure when things settle down, she'll be just fine."

"I know if I work hard with the child, he'll catch up."

"The nurse said we can go home today, but I'm scared. What if something happens and we need a doctor fast?"

"He'll grow out of this stage!"

"Our relatives keep asking if there is anything they can do. I wish everyone would just leave us alone."

"She may not walk or talk, but everyone notices how sweet and lovable Sharné is!"

"My mother says things run in threes; I worry there may be other handicaps as well."

"There is nothing we can do. I feel so helpless."

"Why is this happening to us? Why can't I take my baby home like other new mothers can? When will our lives get back to normal?"

"I guess my son will never be like other children."

"Ever since we found out about the cerebral palsy, we hardly ever see our relatives, and when they do call, they never mention Johnny."

"I wish people wouldn't assume that my daughter's only attribute is her pleasant smile. If they really noticed, they'd see that she can do a lot of things for herself!"

"Our child learns things more slowly than others and she doesn't always know how to use what she knows. I guess when you think about it, that's not so scary after all. I can live with that."

"I thought I really had a handle on my child's seizure disorder—until she started public school. Then there were all these questions about her and I found myself once again feeling unsure of the answers."

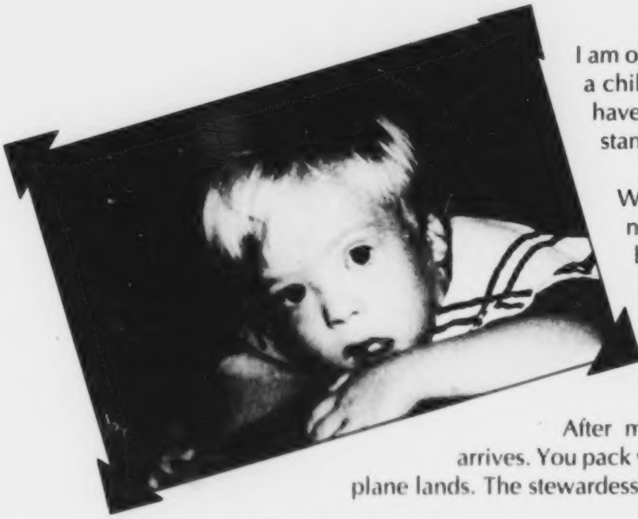
"I guess what I've missed most are the normal milestones—that first bicycle ride without the training wheels, passing the driver's license test, packing for college."

"We've been told our child will never walk. We can build ramps up to the porch, but the part I'm worried about is getting the wheelchair in and out of the car."

"There is nothing we can't do! If I can learn these special techniques, so can other people. I'll be glad to teach them!"

"I have to laugh now. After all is said and done, it's my healthy normal 22-year-old who is moving back home for a while. My other son has been living in his group home now for a year and says he really likes it!"

Welcome to Holland



I am often asked to describe the experience of raising a child with a disability—to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this...

When you're going to have a baby, it's like planning a fabulous vacation trip to Italy. You buy a bunch of guidebooks and make your wonderful plans. The Coliseum. The Michaelangelo *David.* The gondolas in Venice. You may even learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?" you say. "What do you mean Holland? I signed up for Italy. I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guidebooks. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around and you begin to notice that Holland has windmills, Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy, and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever go away, because the loss of that dream is a very significant loss.

But if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things about Holland.

—Emily Perl Kingsley

Guidelines for Family-Centered Services

1. Take time to get to know the family. Building rapport and trust is the basis for mutual respect.

2. Create a variety of opportunities for information to be shared between families and care providers: home visits, center visits, newsletters, group meetings, individual conferences, bulletin boards, advisory committees, classroom volunteering, parent-assisted community outings, phone calls, daily diaries. Find out what works best for the family.

3. Recognize that the only constant in a young child's life may be the family. Listen to what the family says are its needs and support the family's efforts to support the child.

4. Respect and accept family diversity, including all the people the members of the family regard as "family," the family's socio-economic status, ethnic and cultural backgrounds.

5. Be nonjudgmental and sensitive toward the emotional needs of the family, including the need for privacy.

6. Respect at all times the family's right to confidentiality.

7. Design services for young children to be flexible in order to meet the child and family's needs. Consider part-day programs, including parents in morning circle, mixed-age groupings, and of course, integration of children with and without disabilities.

8. No single child care program is expected to meet all the needs of a family. Help the family identify and use other community agencies.

Bailey, D. B., McWilliam, P. J., Winton, P. J., & Simeonsson, R. J. (1991). *Guidelines for Family-Centered Services*. Unpublished document, University of North Carolina, Carolina Institute for Research on Infant Personnel Preparation, Chapel Hill, NC.

Effective Communication Skills

Communication Skills	Skills to Practice	Behaviors to Avoid
Listening Skills: focusing and following what a parent says. *RATIONALE:* • conveys acceptance, understanding • builds trust • creates a relaxed atmosphere	*NONVERBAL LISTENING SKILLS* • use facial expression to show interest • make natural eye contact • relax your posture • use relaxed gestures • modulate your voice to reflect emotional tone of parent • respect silences *VERBAL LISTENING SKILLS* • stay on the topic • make responses that are relevant • use vocabulary parents understand, including words or expressions they use	*NONVERBAL BEHAVIORS* Do not • take notes • stare • assume a rigid posture or expression • turn away *VERBAL BEHAVIORS* Do not • interrupt • talk too much • moralize, judge, criticize • change the topic • talk about yourself • advise too quickly • discount family's concerns
Reflecting Feelings: the ability to perceive and communicate an understanding of the parents' feelings by naming the feelings. *RATIONALE:* • helps parents become aware of feelings • helps parents identify and solve problems • lets parents know that you can sense the world as they perceive it.	*REFLECTING FEELINGS SKILLS* • be aware of what is said and how it is said • reflect feelings in a clear, concise way by naming the feelings you perceive in the parent	*INAPPROPRIATE REFLECTING BEHAVIORS* Do not • analyze parents' feelings • give advice as you reflect feelings

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Communication Skills	Skills to Practice	Behaviors to Avoid
Reflecting Content: ***the ability to restate the content of a parent's message by using other words (paraphrasing) or by briefly summarizing.*** *RATIONALE:* • lets the parents know you understand what they said • highlights important aspects • secures consensus or agreement or identifies areas of disagreement • helps tie together different aspects of the conversation • summarizes	*REFLECTING CONTENT SKILLS* • reflect content in a clear, concise way • give equal emphasis to various topics covered in the conversation • summarize in a brief and organized way • intersperse reflecting content skills with other types of responses	*IN APPROPRIATE REFLECTING BEHAVIORS* Do not • be judgmental • make assumptions about what the parent means • parrot what the parent says (In other word, DO NOT OVERUSE THIS RESPONSE)
Effective Questioning: ***the ability to use open-ended questions to facilitate the discussion of topics of interest.*** *RATIONALE:* • open-ended questions elicit more elaborate responses than questions which can be answered with "yes", "no" or a simple fact • helps the interviewer understand the family • helps the family think things through	*TYPES OF OPEN-ENDED QUESTIONS* • "What" questions: ("What things have you tried with Johnny to help him improve his finger-feeding?") • "How" questions: ("How are you feeling about the things you've tried?") • "Could" questions: ("Could you tell me more about how Johnny's brother interacts with him at mealtime?")	*INAPPROPRIATE QUESTIONING PRACTICES* Do not • use too many "why" questions • use many questions that can be answered with a "yes", "no" or a single fact.

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Where to Go to Learn More

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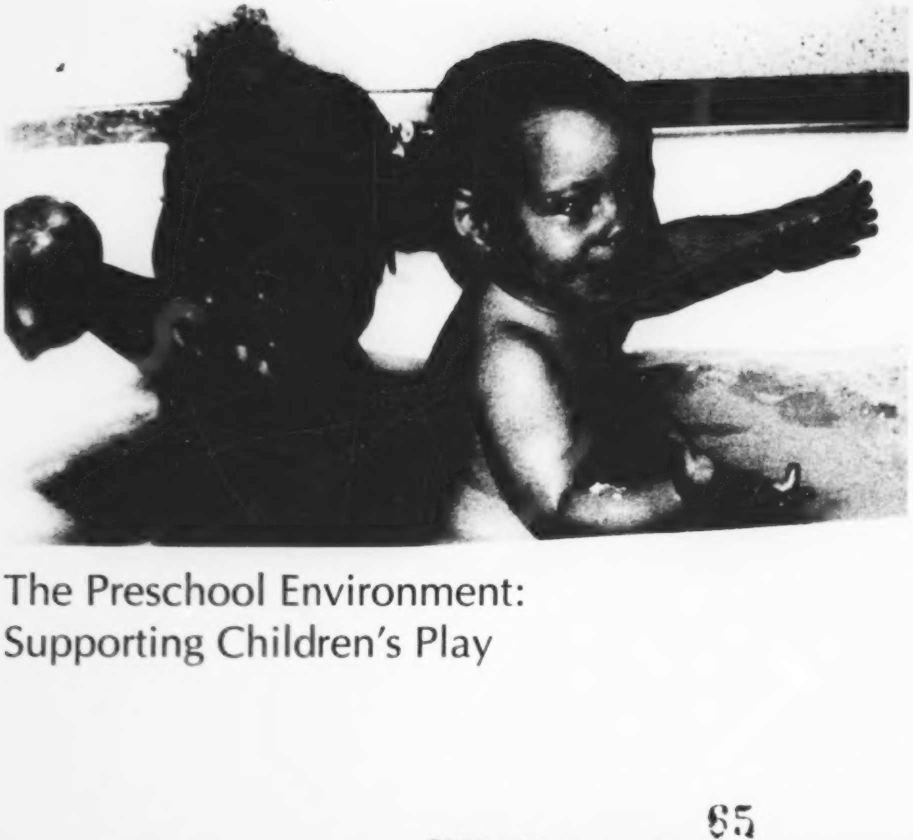

The Preschool Environment: Supporting Children's Play

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Module Flow Guide

(Two 2-hour Sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. **Welcome**	Group review	Student objectives	5 min.
II. **Why plan the environment?**	Group discussion	Flipchart/blackboard Markers/chalk Overhead projector OT–Benefits of a ...	20 min.
III. ***Infant/Toddler Environment Rating Scale (ITERS)***	Video Group discussion Assignment	VCR, monitor Video: *Observations for the ITERS* Video Guide and Training Workbooks *ITERS*	75 min.
Session Two			
IV. **The role of the child care environment**	Group discussion	HO series–Ways to promote: positive self-concept, social interaction, independence, appropriate behavior, adult/child interaction HO–Health & safety ...	40 min.
V. **The role of the care provider**	Lecture Small groups Group discussion	Pages with small group assignments	50 min.
VI. **Wrap-up**	Group discussion	Overhead projector OT–What a Child...	15 min.

Student Objectives

FOCUS

Children's interactions with the people, objects and space around them are important in promoting growth, development and learning. A well-planned child care environment promotes a child's positive self-concept by providing security, challenge and opportunities to learn and explore independently. Such an environment integrates the interests, learning styles and physical attributes of all children.

For young children, play is learning. Establishing a well-planned environment is a good way to support a preschooler's play. Maintaining awareness of children's varying abilities and play styles helps teachers to know when a child needs help initiating or sustaining meaningful social interactions with others.

Awareness

Participate in an exercise that examines how the physical and human aspects of the environment convey certain messages.

Consider the child care environment from the child's perspective.

Knowledge & Skills

Identify the benefits of a well-arranged child care environment.

Administer parts of the *Infant/Toddler Environment Rating Scale* in a classroom.

State ways a well-planned environment can contribute to the child's positive self-concept.

State ways the environment can promote social interaction among children.

State ways the environment can promote independence.

State ways the environment can help manage the children's behavior.

State ways the environment can facilitate supervision and adult/child interaction.

State ways the environment can promote health and safety.

Describe three important considerations in selecting toys and play materials for young children.

Describe general characteristics of quality play between an adult and young child.

Describe three keys to setting the stage for productive free play experiences for young children.

Describe general guidelines to follow to ensure that play activities include and challenge children with the following special needs: blindness or visual impairment, deafness or hearing impairment, physical disability, mental retardation.

Ways to Promote Positive Self-Concept

Make sure the environment allows everyone to be mobile. Provide ramps, elevators, wide aisles, handrails or other architectural modifications as needed.

Make sure the environment encourages children to explore and discover what is around them. Once mobility is assured, arrange materials in interest areas that invite independent use by children. Incorporate numerous and varied opportunities throughout the day for children to handle materials.

Make sure the environment allows everyone a chance to demonstrate competence. Provide a variety of materials, toys and equipment that can be enjoyed by persons with varying abilities.

Make sure the environment provides ample opportunities for successful personal interactions. Are play areas large enough for more than one or two children to play? Do materials and space invite pairing of children and cooperative play?

Model positive reinforcement based on individual rather than group standards of achievement. Encourage peers to identify, promote and celebrate each other's strengths.

Ways to Promote Social Interaction Among Children

Make sure the environment includes materials and activities that promote interaction: dolls, tea sets, dress-up clothes and other dramatic play props; blocks and accessories such as cars, people, animals; gross motor and outdoor equipment that encourages participation by two or more; group games; group art such as painting a mural with others. (NOTE: Some materials and activities are fun for children to use by themselves, but do not promote social interaction. These include: pegs and pegboards, books, beads, swings, individual art activities.)

Structure interactive play: Encourage children to play games such as lotto matching or bingo and to work together on projects such as setting the table or cleaning up an interest area.

Make sure play areas are large enough for two or more children to play.

When necessary, suggest ways that children with disabilities can be included in play with their peers. Suggest, for example, that a child who uses a wheelchair be included in pretend play in the Housekeeping area: "Perhaps Jason can pretend to go to the store to buy the food for the dinner." Ask children directly to include someone: "Why don't you let Allison ride beside you in the car?" Give a child with severe physical or mental disabilities a toy that is a classroom favorite and encourage others to ask permission to play together with the child and the toy.

Comment on the strengths and unique abilities of all children as a way to help others want to interact with them. Make sure the curriculum includes ample opportunities to celebrate individual differences.

Ways to Promote Independence

Use pictures to label storage areas so that children know where to find and store materials. Help children with visual impairments identify locations by touch.

Use pictures to define interest areas so that children can anticipate the activities within each. Help children with visual impairments tune in to identifying auditory cues.

Arrange materials on open, low shelves so that children can help themselves.

Use child-sized furnishings, including sinks, toilets, tables, chairs, water fountains. Incorporate special equipment in a routine and functional way so that children with physical disabilities can do as much for themselves as possible.

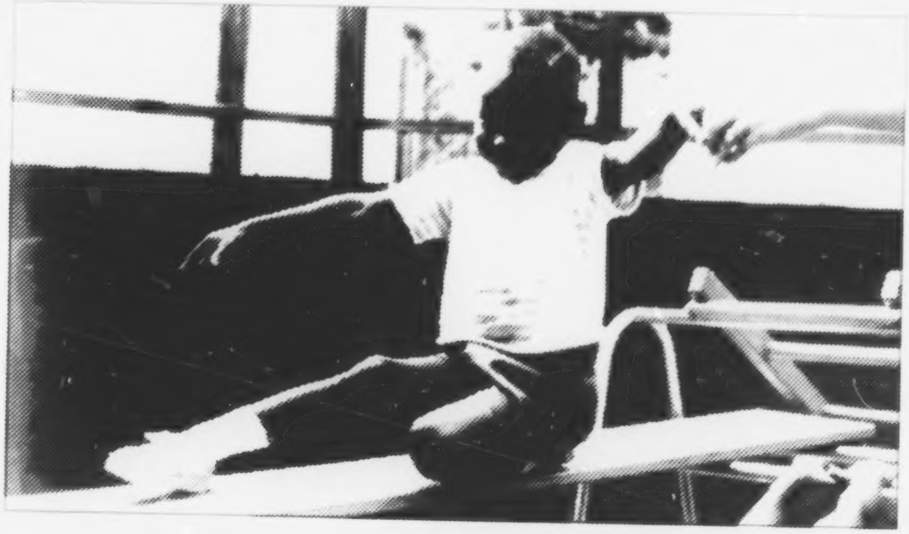
Follow a predictable schedule so that children learn to anticipate and prepare for the next activity.

When children with hearing impairments are included, use sign language throughout the day or develop and follow communication programs that work for them.

Make sure each child has access to his or her own cubby in order to store and retrieve personal belongings.

Support child choice and freedom of expression.

Encourage some degree of risk-taking for all children.



Ways to Promote the Child's Appropriate Behavior

Divide the room into attractive interest areas so that too much open space does not invite running.

Determine whether children can tell where activity areas start and end. Are the boundaries for different types of activities clear? (Art activities occur on the linoleum, for example.)

Make sure there are enough materials for everyone, including duplicates of favorite toys, and organize like things in a logical way.

Make sure there is enough space around the table for all the children involved in the table activity.

Make sure there are sufficient accessories in the Block area so that children are encouraged to do more than build and tear down structures.

Make sure there is space in the room for children to go to be alone when they want to.

Make sure each child has a cubby or space to store his or her personal belongings.

Establish simple, common sense rules and remind the children occasionally of what they are.

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Ways to Promote Adult/Child Interaction & Supervision

Make sure job descriptions and staff roles are clearly understood and that they include specific responsibilities for interacting with the children.

Make sure the adult/child ratio is adequate.

Make sure all areas of the room can be seen by the staff.

Separate adult from child materials so that staff know where materials are stored and can retrieve them easily. Convenient storage allows staff to set up activities easily and therefore have more time to interact with children.

Prepare activity plans for each day and organize materials ahead of time.

Is adult furniture in the room used to encourage adults to interact with the children? For example, is there a comfortable adult-sized chair near the book or cozy area? Can the adults sit comfortably with the children at meals and snacks?

Practice following the child's lead and adding on to the play ideas the child initiates.

A Health & Safety Checklist for Day Care Centers & Homes

Health

- ☐ Is the air free of odors such as paint, kerosene, oil? Is ventilation adequate?
- ☐ Is the accessible area, especially the floor, free of small ingestible items such as buttons, needles, matches, coins, paperclips, toothpicks, etc.?
- ☐ Are rooms well lighted?
- ☐ Do furnishings, equipment and toys appear clean and in good repair?
- ☐ Are rattles and toys, especially those mouthed, frequently washed?
- ☐ Do babies have individual bibs, bottles, diapers, creams, wipes, changing pads?
- ☐ Do cribs or mats have individual covers?
- ☐ Can the diapering and toilet area be easily sanitized?
- ☐ Is storage for cleaning and dirty diapers adequate?
- ☐ Does caregiver wash hands after every diapering or toileting and before handling food?
- ☐ Is food preparation area clean?
- ☐ Is wholesome food served? Are menus available?
- ☐ Are babies held while bottle fed?
- ☐ Is there a policy of prompt isolation of fever, vomiting, rash?
- ☐ Are parents informed of contagious disease and accidents?
- ☐ Is medicine given only with parental permission and explicit instructions?

Safety

- ☐ Is furniture in good repair, not easily tipped, free of sharp edges, splinters, etc.?
- ☐ Are fire extinguishers, smoke detectors and a first aid kit present and in working order?
- ☐ Are stairways, stoves, heaters and hot pipes protected?
- ☐ Are safety covers on electrical outlets, cords out of reach, TV's and stereos pushed against the wall or in cabinets so that wiring is not accessible?
- ☐ Are cleaning supplies, herbicides, gasoline, etc. stored in locked cabinets?
- ☐ Is medicine stored in a locked box or cabinet?
- ☐ Is proper storage used for pencils, pens, empty cans, scissors, knives and other pointed or sharp objects?
- ☐ Are emergency numbers posted? (fire, rescue, police, poison control)?
- ☐ Is an emergency exit plan rehearsed regularly?
- ☐ Are safety restraints and car seats used whenever children are transported?
- ☐ Is the outdoor play area free of debris, animal contamination, dangerous objects and poisonous plants? Is there a fence? Does the sandbox have a cover?
- ☐ Does the caregiver closely supervise the children, indoor and outdoors?

Where to Go to Learn More

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5

Planning & Teaching: Meeting Everyone's Needs

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Module Flow Guide

(Four 2-hour sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. Highlight objectives & answer questions	Group review	Student Objectives	5 min.
II. The early intervention team	Lecture	Overhead projector OT—What is it? (early intervention team) HO—Key players… HO—Tasks …	50 min.
III. Coordinating services	Choose one: • Video • Multidisciplinary panel	Choose one: • Video: *People Who Can Help*& *Young & Special Leader's Guide* VCR, monitor • Activity–Questions …	50 min.
Session Two			
IV. Developing daily schedues	Lecture Group discussion	Overhead projector HO—How children learn HO—Developing classroom schedule OT–What is it? (engagement) HO—Strategies for creating smooth…	50 min.
V. Integrating special services	Small groups Group discussion Assignment	HO—Angie & Lamont HO Series—How to help children …	1 hr.
Session Three			
VI. Planning a developmentally appropriate curriculum	Lecture Group discussion Assignment	Overhead projector OT-What is it?(curriculum) HO-Selecting developmentally… Assignment–How curriculum design…	50 min.
VII. Helping children with disabilities	Role play Group discussion	HO Series–How to help children …	1 hr.
Session Four			
VIII. What is responsive teaching?	Lecture "Step by Step" Activity	Overhead projector OT–What is it? (RT) flashlight, nail polish, curling iron HO–Steps of …	1 hr. 50 min.
IX. Wrap-up session	Group discussion		10 min.

Student Objectives

FOCUS

Interagency and family collaboration is critical in planning a good Individual Family Service Plan or Individual Education Plan. The willingness to accept advice and share knowledge and information is essential to working effectively with others on the early intervention team. Decisions about individual goals for children need to be based on the child's ability to function productively and independently in a given environment, not on a child's diagnostic label. The use of appropriate and varied methods to assess young children provides the foundation for selecting or modifying a curriculum that meets everyone's needs. The curriculum should focus on all developmental areas in an integrated way and support the child's feelings of self-worth and happiness.

Awareness

Watch a video that illustrates the need for coordination of educational and therapy programs for children with special needs.

OR

Attend a panel presentation of representatives from various disciplines on the early intervention team.

Knowledge & Skills

Define the purpose of the early intervention team and describe the possible disciplines and roles of its members.

Describe the purpose of an Individual Family Service Plan or an Individual Education Plan.

State how an Individual Family Service Plan or an Individual Education Plan is developed by describing four tasks of the early intervention team.

Describe the difference between long-range goals and short-term objectives.

State three principles of how children learn that care providers should remember when planning schedules and activities.

List at least three characteristics of a good daily schedule for young children in an integrated child care program.

Define engagement and describe techniques that facilitate children's smooth transition from one activity to another and that maximize engagement.

Define curriculum and give examples of what is meant by six characteristics of a developmentally appropriate curriculum:

1. Provides activities that stimulate all areas of a child's development **without** isolating one area at a time: cognitive, fine motor, gross motor, language, self-help, social-emotional.
2. Builds upon an environment for children that encourages them to explore and move, to interact with materials and people and to experiment.
3. Includes a variety of fun activities that have been planned based on careful observation of each child's special interests, abilities and preferred ways to learn. In other words, the curriculum gives all children a chance to show competence and to be challenged.
4. Provides materials and activities that are concrete, real and relevant to the lives of young children.
5. Provides materials and activities that increase in difficulty, complexity and challenge as children develop understanding and skills.
6. Offers a balance of indoor and outdoor play, rest and active movement (Bredekamp, 1987).

Explain how the following curriculum designs influence children's participation in future settings: (1) one that supports child-directed learning opportunities (2) an integrated curriculum for children with and without disabilities.

Define Responsive Teaching and give examples of the following steps of Responsive Teaching:

1. Let the child select the activity.
2. Attend to what the child does.
3. Allow the child to play.
4. Encourage elaboration (modeling, prompting).
5. Allow for practice of the new skill.
6. Reinforce.

Define the following teaching strategies: modeling, prompting, reinforcing and task analysis.

Role play strategies for helping children with the following disabilities in the integrated classroom: visual impairments or blindness, hearing impairments or deafness, communication problems, substantial physical and/or mental disabilities.

Key Players on the Team

the family: It is usually the parents who are on the early intervention team, although anyone the family identifies as the primary caregiver may participate. Family members generally spend the most time with the child and are the most knowledgeable about the child's skills and needs.

early intervention specialists: Early childhood teachers or consultants specialize in helping the child to learn and develop. They are often available to visit the child in the day care setting where they give care providers helpful tips for integrating and teaching children with special needs.

speech-language pathologist: This person specializes in communication disorders concerning voice articulation (pronunciation), oral motor skills, language (vocabulary) and hearing. Oral motor skills refer to the way the muscles of the mouth and face work. A speech and language pathologist helps a child use language.

physical therapist: This person specializes in large motor function related to coordination, balance, muscle strength, endurance, range of motion and mobility. A physical therapist helps a child move the large muscles of the body, for example, by helping a child to walk.

occupational therapist: This person specializes in fine motor (small muscle) skills, oral motor skills, and activities of daily living. An occupational therapist might help a child learn to use a spoon or get dressed.

service coordinator: This person helps the family coordinate all the special services for the child.

nurse or doctor: Occasionally a medical staff person participates on the early intervention team, particularly when the child has serious health problems. He or she provides valuable information about the health needs of the child in the child care setting.

care provider: The child's care provider is one of the most important persons on the team. She spends much time with the child and provides important insights about what the child likes, what his or her abilities are, and what challenges the child. She is instrumental in putting into practice in the child care setting many of the recommendations of the team.

The Tasks of the Early Intervention Team

Assessment

First of all, the team needs information to assist them in making decisions about the child. Assessing the child's strengths and needs is one way of gathering that information. Assessments can include formal tests and informal interviews, checklists or observations. They should be nondiscriminatory and include objective and subjective information.

Each team member is responsible for gathering, interpreting and reporting information about the child. Specialists, care providers and families may be assessing different areas of the child's development, or they may be looking at the same areas of development in different ways. It is the responsibility of the early intervention team to integrate all the information so that the abilities and needs of the "whole child" are represented.

Making decisions

The information gathered during the assessment process is used by the team as they begin to make decisions about what services are needed. Having discussed the strengths, resources and desired outcomes for the child and family, a variety of alternatives can be generated for providing services. It is the team's task to weigh the merits of all alternatives and choose those that best meet the child and family's needs. The team then writes an individual plan for the child called either an Individual Family Service Plan (for children under 3 years) or an Individual Education Plan (for children 3-5 years old). Long-range goals that reflect those outcomes hoped to be realized by the end of the year and short-term objectives that can be accomplished month-by-month should be included. Copies of this plan are provided to the family and all other members of the early intervention team.

The Tasks of the Early Intervention Team

Delivering services

The decisions made by the early intervention team may concern the child's placement or strategies for intervention. The decisions may be influenced by a variety of factors including the family and child's specific needs, the parents' preference and experience, resources available in the community, the experience and recommendations of professionals, and administrative or budgetary constraints.

It is often the case that a variety of different services need to be provided. Finely-tuned team coordination is required in order to work out schedules and services that do not conflict with or duplicate each other. The team must consider the possibility that when many people are involved in service delivery, the child and family may feel that their lives have become fragmented or splintered. Just as the focus during the assessment process is on the "whole child," it is the team's responsibility to monitor the intervention strategies in order to promote the provision of quality integrated services to the child with special needs.

Evaluation

Communication among the early intervention team members is ongoing and should include feedback about how the planned interventions are going. More formal periodic review of the child's program should also occur, at least every six months. The Individual Family Service Plan and the Individual Education Plan can be revised whenever needed.

How Children Learn

1. Children learn best when they feel good about themselves. For young children, this begins when their physical needs are met by caring adults in a healthy and safe environment.

2. Children need to use their whole bodies and their five senses in learning about the world around them. This requires actively interacting with people, objects and space. Everything is new to them! They are learning about themselves and how they work as they learn about their surroundings.

3. Children learn best when they have choices about the activities they engage in. Children are naturally curious and energetic. When adults encourage children to try out their ideas to see what happens, they are helping them to feel good about themselves and are laying the groundwork for children to develop responsibility.

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Developing The Classroom Schedule

1. If more than one child with special needs attends, any small group assignments should fully integrate the children with their nonhandicapped peers.
2. Time will need to be included for any routine care of special equipment, such as hearing aids or orthopedic braces, and for any special procedures with the child, such as positioning.
3. Special services such as speech, language, occupational and physical therapies can be scheduled to occur in the classroom during the regular class time. These activities can include children without disabilities so that the child with special needs does not feel singled out.
4. Transitions should be planned with the special needs of all children in mind. It may take longer, for example, for a child using a walker to get to the playground.
5. Like many children and adults too, children who have disabilities often have more energy in the morning. It is often better to schedule therapies and activities requiring concentrated attention before lunch. Allow children who are fatigued to rest as needed.
6. As with all children, arrival and departure times should allow for relaxed conversations with parents.

Strategies for Creating Smooth Transitions

1. Provide children with plenty of notice before it is time to change activities. Let them know, for example, three minutes before that a transition is coming.

2. Use environmental cues to prepare children for the next activity. Turn off the lights and close the blinds as naptime approaches. Talk about the food odors coming from the kitchen before lunch.

3. Encourage children to prepare for the next activity by cleaning up or setting up. Giving them responsibilities for routine tasks is a good way to stimulate their interest about activities and to keep them engaged.

4. Following consistent routines is especially beneficial for young children with and without disabilities. When children know what to expect from day to day, they can better prepare themselves for transitions.

5. Organize the child care setting so that materials are easily accessible for adults and children. Storing like things together and labeling storage bins or shelves with pictures of where each type of item goes facilitates clean-up by making it easy for children to help.

6. Whenever possible assign staff to areas of the room, not to students. When activity areas are routinely supervised by the same staff person while children move among them, care providers become "experts" in their particular activity area while getting to know the abilities of all the children in that area. When staff set up centers or activities ahead of time, it makes it possible for children to engage in that activity without waiting.

7. Develop a repertoire of transition songs or games children can enjoy as they prepare to change activities, such as "This is the Way We (*fill in the blank*)."

8. Establish eye contact or touch the child to get his or her attention. Call the child's name and give personal fun directions for moving to the next activity. "Sam, clap your hands twice, turn around, then join your friends at the art center." Vary the directions you give each child.

9. Always tell young children ahead of time if you plan to pick them up to help them change activities, for example in helping a child with physical disabilities to move.

10. Always talk to babies and very young children about what you are doing with them, and what you are going to do next.

Angie & Lamont

You are a care provider in an integrated classroom. You are preparing to meet with the early intervention team, including the parents, to review the Individual Education Plan for your new student (either Angie or Lamont). You and the other care providers in your room are meeting to discuss ways you can help the new child meet his or her objectives (described below) in your classroom. You want to be able to share these ideas at the early intervention team meeting in order to get feedback and suggestions from team members about the best way to serve the child.

Angie: Angie is a four year-old girl who has spina bifida. She uses a wheelchair to get around and is working on learning to transfer in and out of the chair. She needs 20-30 minutes of physical therapy a day from a physical therapist. Family and care providers also need to help her strengthen her motor skills.

Two of the short-term objectives on Angie's Individual Education Plan are:

1. Angie pushes the wheels of her own wheelchair to make herself move forward 3 feet.
2. Angie pulls to stand from a sitting position and stands with support for 5 seconds.

Lamont: Lamont is a three year-old boy who has a moderate hearing loss. He wears hearing aids and receives therapy from a speech-language pathologist for at least 30 minutes a day.

Two of the short-term objectives on Lamont's Individual Education Plan are:

1. Lamont places hearing aids in his own ears correctly.
2. Lamont uses prepositions *in, on* and *under* correctly to describe the location of objects.

With your group of "co-workers," review the schedule on the following page and develop several options for meeting Angie or Lamont's special needs in your integrated classroom. Write on your schedule when Angie could receive physical therapy 20-30 minutes each. Make notes about when she could practice moving her own wheelchair and pulling to stand. When could Lamont put in his own aids and practice using his prepositions? When could he receive speech and language therapy? Keep in mind the importance of the child participating in the regularly scheduled activities "in the mainstream." Remember that you are coming up with options from which the family and other early intervention team members can help you choose.

Be prepared to share your group's ideas when the class reconvenes.

Current Classroom Schedule

7:30-8:00 Arrival, open centers ____________________

8:00-8:15 Toilet, wash hands for snack ____________________

8:20-8:35 Snack ____________________

8:40-9:00 Morning circle (large group) ____________________

9:00-9:50 Open centers (small groups) ____________________

9:50-10:00 Clean up ____________________

10:05-11:05 Outside active play ____________________

11:10-11:25 Toilet, wash hands for lunch ____________________

11:30-12:00 Lunch ____________________

12:05-12:20 Toilet, brush teeth, prepare for nap ____________________

12:20-1:50 Nap ____________________

1:50-2:00 Put away cots, toilet if needed ____________________

2:00-2:20 Afternoon circle (large group) ____________________

2:20-3:15 Open centers (small groups) ____________________

3:15-3:25 Clean up ____________________

3:25-3:40 Toilet ____________________

3:45-5:00 Outside active play ____________________

Selecting A Developmentally Appropriate Curriculum

A curriculum that meets the needs of the children you serve is planned to be appropriate for their ages and abilities. It is implemented with attention to the different needs, interests and developmental levels of the individual children in the child care setting.

Select or develop a curriculum that:

1. Provides activities that stimulate all areas of a child's development without isolating one area at a time: cognitive, fine motor, gross motor, language, self-help, social-emotional.

   DISCUSSION: What does this mean? What is an example of how an activity can stimulate more than one area of development? What is an example of an activity that involves several areas of development and that could be used to stimulate language in a child who does not talk?

2. Builds upon an environment for children that encourages them to explore and move, to interact with materials and people and to experiment.

   DISCUSSION: What is wrong with most activities being directed by care providers for the whole group while children sit at tables? How can a care provider help a child who has severe physical disabilities to explore the environment?

3. Includes a variety of fun activities that have been planned based on careful observation of each child's special interests and abilities, and preferred ways to learn. In other words, the curriculum gives all children a chance to show competence and to be challenged.

   DISCUSSION: What is meant by a child's "preferred ways to learn?" How can a care provider find out what a child's special interests and abilities are? What is an example of how an activity could be adapted to reflect a visually impaired child's "preferred way to learn?"

4. Provides materials and activities that are concrete, real and relevant to the lives of young children.

   DISCUSSION: What does this mean? What is wrong with ditto sheets and workbooks being used to help young children learn skills and concepts? Why are noise, mess and movement vital parts of any good early childhood curriculum?

5. Provides materials and activities that increase in difficulty, complexity and challenge as children develop understanding and skills.

   DISCUSSION: What is the importance of having enough materials so that they can be rotated for use in the child care setting? How does the care provider know when a child is ready for materials that are more complex and challenging?

6. Offers a balance of indoor and outdoor play, rest and active movement.

   DISCUSSION: How can this be accomplished for infants?

Adapted from: Bredekamp, S. (Ed.). (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through 8.* Washington, DC: National Association for the Education of Young Children.

How Curriculum Design Affects Children

Explain how the following curriculum designs influence children's participation in future settings:

1. one that supports child-directed learning opportunities:

2. an integrated curriculum for children with and without disabilities:

How to Help Children with Visual Impairments

First

Meet with the family and find out what you need to know. Has the child always had a visual impairment? How independent is the child? What strategies have the parents used to help the child feel secure in exploring the world? Does the child wear glasses or contacts and if so, how does one care for them? Are there any symptoms of eye infections one should watch for? Communicate regularly with the family about the child's needs and skills.

Environment

1. Establish a predictable environment. Don't move furnishings or change floor levels without telling the child.
2. Help the child learn where to expect toys or clutter on the floor.
3. Help the child locate interest areas and toys by putting raised symbols or pictures at the entrance to specific areas, on shelves, on the floor, on walls.
4. Use sound to identify areas of the room and playground. For example, hang soft chimes from the jungle gym or keep a special musical toy in the Cozy Corner; include blocks that make noise when you shake them in the Block area.
5. Encourage the child to learn to use natural landmarks to get around. Allow the child to practice without your guidance and to have opportunities for practice when other children are not in the room.
6. Eliminate sharp or pointed objects, especially at face level. Avoid using throw rugs which could easily trip children.
7. Use helpful suggestions from the family and specialists for setting up indoor and outdoor play areas. Think of your own ways to increase orientation and independence and to ensure safety in different settings. Introduce the child to a new environment by using a familiar and obvious point of reference in the room, such as a door. Relate major features of the room back to the reference point.

Learning Experiences

8. Be sure the child uses any vision he or she has. Use appropriate lighting and contrasting colors (black blocks on a white tray, for example) to maximize the child's vision.
9. Combine vision with touching, smelling, shaking, listening, and tasting experiences. Name everything the child touches. Describe the way an object feels, smells, sounds, tastes and where it is in the room.
10. Always talk about what you are doing, about actions and things. Be sure to tell the child beforehand if you plan to touch or pick up the child.
11. Help the child find the location of sounds. Offer praise and encouragement when the child makes even a slight pause, hesitation or movement in response to sound.
12. Play games that involve rhythm and movement so that the child can feel your movement and his or her own.

13. Encourage the child to explore the room and find sounds and objects. Make sure the child sees and feels **all** parts of an object and understands the relationship of the part to the whole. Show him or her, for example, the handle, top, and "jack" in a jack-in-the-box.
14. Help the child learn to store auditory information by practicing listening. Play games that involve sequences, discrimination and memory like Simon Says.
15. Place toys and materials at the child's chest level to encourage good posture. Children with visual impairments often do not hold their heads up to look at their surroundings and may develop a stooped posture.

Interacting

16. Use words and touch to let the child know you are there and listening.
17. Continue to use words like "see" and "look" in your everyday speech, but be sure the child has ample opportunity to use all five senses to "see".
18. Support the child's attempts to explain his or her vision to the other children. Sometimes it's helpful to "practice" with the child in private what the child might answer in response to the questions of others.
19. Sit beside or behind the child as you help the child explore an object so that you can guide the child's hands in a natural way and accurately describe directionality (left, right, back, front, etc.)
20. Encourage the child to let you know when he or she needs help.
21. Include the child in all activities and remember the importance of modeling an attitude of acceptance and inclusion.

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How to Help Children with Hearing Impairments

First

Meet with the family and find out what you need to know. How much, if any, can the child hear? What does the proper care of hearing aids involve? Are there symptoms of ear infections one should watch for? What method of communication works best with the child? Communicate regularly with the family about the child's needs and skills.

Environment

1. Use visual cues to signal transitions. For example, turn the lights off when it is time to prepare to leave the room or shut the blinds as naptime approaches.
2. Strategically place mirrors about the room so the child is reminded of activity that is happening behind him or her that he or she cannot hear. Sometimes children who cannot hear can get lost in their own worlds without the benefit of sound cues that provide valuable information about the environment.
3. Avoid standing with your back to a window while talking because of the incoming glare that could block the child's view of your lips. Avoid speaking with your back to the child.
4. Stand still rather than move around the room while speaking.

Learning Experiences

5. If the child uses signing, use it along with speech throughout the day with all children.
6. In learning sign language, start with signs for objects and actions that are commonly referred to at home and in the classroom. Begin by signing the key word in a sentence, for example "eat" to indicate, "It's time to eat snack."
7. Change signs somewhat to help the child understand by exaggerating how or where you sign. Use facial expression as you sign to convey meaning. Use more sweeping gestures or a bigger signing field to convey the concept of bigness, for example.
8. Keep talking! Use regular speech: simple sentences, normal intonation, stress and pauses. Be aware of and use body language and facial expression.
9. Encourage the child to talk. Reinforce all attempts, even small ones like an open mouth.
10. Encourage the child to ask questions and get your attention in appropriate ways when help is needed.
11. Give the child opportunities to explore rattles, tuning forks, mobiles and soft toys. Vibrations and other tactile sensations are important for the child who may not hear the sound a toy makes.

Interacting

12. Make sure the child sees your lips. Look into his or her eyes when speaking.
13. Speak naturally. Do not exaggerate your words, lip movements or speak more slowly than usual.
14. Use gentle touch to get the child's attention.
15. Help other children learn how to get the child's attention by touching politely.
16. Help the child to answer questions about his or her hearing loss and to explain to the other children about hearing aids.
17. Train and model a polite attitude in the other children concerning the child's hearing aids. **Do not** allow children to pull on the aids.
18. Encourage and train children to use sign language. This is a lot of fun for other children just as learning any new language is!
19. Allow the child adequate opportunity to respond. The child may need extra time to formulate responses.
20. Be aware of how frequent and meaningful the child's interactions with others are. Facilitate social interactions by planning activities that include the child and another child.
21. Model an attitude of acceptance and inclusion by making sure that the child has an opportunity to participate in all activities.

Sources

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How to Help Children with Communication Problems

First

Meet with the family and find out what you need to know. Is a speech-language pathologist working with the child? Can this person visit your classroom to work with you and the child? Are there problems with articulation or vocabulary or both? Are pictures, symbols or manual signing used? Communicate regularly with the people who are involved with the child. Discuss expectations and strategies in order to be consistent across settings.

Environment

1. Create an environment that encourages the child to explore. Include a variety of toys and materials and rotate these periodically.
2. Make sure the environment is set up to require the child to initiate some communication. For example, put a favorite toy out of reach sometimes and require the child to "ask" for it. Introduce a novel toy and encourage the child to respond to its presence by vocalizing, labelling or describing it.
3. If communication boards or pictures are used, be sure the necessary classroom objects, people and routines, are included. For example, draw pictures to represent the various songs sung during circle. Let the child choose a song by pointing to the picture and trying to name the song. If signing is used, use it along with speech throughout the day with all children.
4. Enthusiastically respond to the child's communication attempts so that a climate of successful communication is established. It is important for the child to feel good about communicating in order to keep trying.

Learning Experiences

5. **Self-talk:** Talk about what you are doing. Describe what you see, feel, hear, smell, and taste. ("I open the door." "I hear a bird outside the window.")
6. **Parallel talk:** Describe what the child is doing, feeling, hearing. ("You're jumping off the step." "You are crying. You must be sad.")
7. **Imitation:** Imitate actions the child makes. Imitate vocalizations the child makes. Imitate the words the child says.
8. **Naming:** Label things in your child's environment: label objects("doggie, ball"), label actions ("go, walk"), label locations ("on, under"), provide descriptions ("big, pretty"), etc.
9. **Modeling:** Say words correctly for the child. (Child: "bu" Mom: "bubble"). Say sentences in a more grammatically correct form for the child (Child: "He throw ball" Dad: "He throws the ball.")
10. **Expansion:** Listen to what the child says and add on to what the child says. (Child: "ball" Dad: "big ball"; Child: "more cookie" Mom: "want more cookie".)

11. **Asking questions:** Ask simple questions with younger children: "What is it?" and more difficult questions with older children: "Why did the boy fall down?".
12. **Prompting for a higher level of communication:** Respond to the child's communication with gestures, models, hints, and directives to elicit a desired response or to elicit a higher level of communication. A child who can talk reaches for juice and grunts. Teacher asks, "What do you want?" The child doesn't say anything. The teacher says "Say 'juice', please."
13. **Prompting for more appropriate communicative behavior:** Teacher attempts to identify the communicative intent of a child's undesirable behavior (e.g. hitting, screaming, or grabbing), and prompts the use of words or gestures to attain the goal in a socially acceptable manner. After eating lunch, the child kicks the table. The teacher asks, "Are you done?" The child says, "Yes." The teacher says, "Tell me, 'All done, down please'."
14. **Prompting for communication with peers:** Teacher prompts the child to communicate directly with a peer about a problem instead of complaining to a teacher. Child says, "He took my truck." Teacher responds, "Tell him, 'That's my truck.'" Teacher may direct a child to find out a peer's needs rather than presume them. An older child starts to take off a younger child's jacket. The teacher says, "Ask her first if she wants help."

Interacting

15. Be patient, Don't interrupt or finish the child's sentences.
16. Pay attention when the child is speaking. Act interested and enthusiastic.
17. Model appropriate rate and rhythm. Rather than saying "slow down" or "think about what you are saying," try responding to the child in a slow, deliberate but meaningful way. Giving constant directions about how to speak may be frustrating and make the child think his or her speech is never good enough.
18. Help other children learn to use communication boards, pictures or manual signs.
19. Talk, talk, talk! Remember that a child is learning language even when he or she is not speaking.

Sources

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How to Help Children with Substantial Physical and/or Mental Disabilities

First

Meet with the family and find out what you need to know. What are the things the child can do? What does he or she need help with? Are specialists such as physical therapists or speech-language pathologists working with the child? Can they also meet with you? Will they be working with the child in your classroom? Are there recurring illnesses or health crises that must be watched for? Communicate regularly with the people who are involved with the child. Share observations and strategies for promoting progress.

Environment

1. Make room for and integrate any special equipment. For example, make sure a prone stander can fit in the Housekeeping area. Allow space for a corner chair or bolsters in Blocks. Include pull-up bars or handrails where needed. Teach other children to respect this equipment.
2. Arrange the room so that special therapies are meaningful If a child could benefit from learning to maneuver her wheelchair herself, encourage this independence at a time when other children are moving from one place to another, rather than during a special physical therapy session away from the mainstream. In other words, use the natural surroundings and routines to stimulate and reinforce work on any special goals.
3. Provide a fun, but predictable environment. Stick to routines that work for you and the child. Provide varied learning experiences within those routines, but take care not to overload the child. Use natural cues to prepare the child for transitions. For example, allow the child to smell food being prepared for lunch or turn off the lights while nap preparations are made.
4. Consider the child's need for privacy. For example, if a four-year-old uses diapers, can the changing area be screened?
5. Consider the child's need for rest. Some children fatigue rapidly and will need a place to rest while activities continue in the classroom.

Learning Experiences

6. Make sure the child is enjoying play in a productive way by encouraging the functional and appropriate use of objects. For example, if a child is waving a toy car back and forth in the air repeatedly and without apparent purpose, help the child push it on the floor or table. Encourage children to use objects in combination (spoon in bowl, cup to doll's lip).
7. Create frequent opportunities for the child to enjoy using all five senses to experience the world.

8. Position the child with severe physical impairments for maximum range of motion, muscle control and involvement with the group. If other children are sitting on the grass, take the child out of the wheelchair and onto the grass! If circle time happens on the floor, use wedges or pillows to support a child with physical handicaps on the floor. If other children sit at a table for lunch, figure out a way for this child to sit at the table. Place the child in many positions throughout the day.
9. Stress independence, especially in eating, dressing and toileting. Work with the family and therapists to achieve consistency in expectations and strategies.
10. Break activities down into small steps and be aware of how many of those steps the child has accomplished. If other children are "dressing up" in Housekeeping, help the child without dressing skills to think of something she can do to join in the fun, like pretending to put on make-up or trying on a bracelet.
11. Find a treat or reinforcer the child really likes and use it to reinforce appropriate behaviors, even if changes are very small.
12. Help the child use new skills with different persons in a variety of places and with many materials.
13. Encourage the child to make choices. For example, hold up different foods or toys in order for the child to look at the one preferred.

Interacting

14. Study and use methods to prevent back strain in lifting and moving children who have physical disabilities.
15. Follow the advice of families and therapists in positioning the child for maximum participation with the persons and objects in the environment.
16. Assume the child understands more than he or she can tell you. Never talk about the child in front of the child unless in a positive and supportive way. ("You should see the colorful painting Jocelyn made!")
17. When speaking to the child, use simple, short sentences and use words consistently, especially during routines.
18. Get on the child's level to communicate. Use eye contact and touch to calm the child and "set the stage" for conversation.
19. Be on the look-out for communicative behaviors from the child such as eye contact, hand or arm movement, muscle tension or vocalization. Allow enough time for the child to take his or her "turn" in a conversation.
20. Follow the advice of family and therapists in using pictures, signing or other methods of communicating with the child.
21. Give the child a reason to communicate by putting a favorite toy out of reach or "forgetting" a cup or spoon at lunch.
22. Be aware of how frequently and meaningfully the child interacts with other children in the room. Think of ways to facilitate this interaction. For example, suggest a role for the child with special needs when other children are pretending something. Give the child a popular toy to play with and encourage others to ask if they can have a turn.

23. Help children to understand the implications of major health problems they experience. Be open and encourage them to discuss or act out (in play) their feelings. Children who are able to understand what is happening with their bodies are better able to let others know about early signs of illnesses.
24. Answer questions about any special equipment used by the child and help the child to do the same. Encourage children to ask permission before pushing a wheelchair. Create opportunities for them to touch and try out the special equipment, if that is okay with the family. Include items like a walker, crutches, bolsters or eye glass frames in the Housekeeping area for pretend play. (Note: These should not belong to any one child because other children should not be encouraged to regularly play with special equipment that belongs to someone. Rather, the items included in Housekeeping should be extra.)
25. Include the child in all activities. Model for the children an attitude of acceptance and inclusion.

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Steps of Responsive Teaching

1. **Let the child select the activity.** Provide toys and materials that the child enjoys in organized interest centers. Because the child selects the activity, you can be sure it is interesting and reinforcing to the child.

2. **Pay attention to what the child is doing.** What types of things does the child like to do? Let the child know you are interested in what he or she is doing. Comment, smile or just be visibly attentive so the child knows the activity is acceptable. Describing the child's activity aloud is good practice with any child, especially one who has delays in language.

3. **Allow the child time to practice and play.** Besides letting the child know his or her activity is acceptable, you may want to encourage the child to continue the activity. One sure way to do this is to play with or imitate the child.

4. **Encourage the child to elaborate on what he or she is doing.** Play with the child in order to encourage him or her to do something new. This "trying something new" is what produces developmental change. This is a good time to lead into an activity related to the child's individual objectives. Transition to this step of elaboration can be very smooth and natural if proper attention has been paid to stocking the interest centers with materials the child likes.

   One way to encourage a child to do something new is to provide a model of what you want the child to do. This means showing the child how to perform the new skill by having him or her watch you or another child.
   Example:
   child's objective= DeSean rolls the ball to another child.
   model = The care provider shows DeSean how to roll the ball to another child by doing it herself.
   Once the new skill is modeled for the child, the care provider may prompt the child to try it. Prompting means giving the child a little help or cue to attempt the new skill. Using the above example, the care provider may give a:
   visual prompt = "Look at Josh roll the ball to you!"
   verbal prompt = "Why don't you roll the ball back?"
   physical prompt = The care provider helps DeSean roll the ball back to Josh.

5. **Give the child a chance to practice the new skill.** Make sure the environment provides many naturally-occurring opportunities for the child to try out what has newly been learned in order to perfect the skill.

6. **Reinforce the behavior.** Show the child you are pleased with his or her attempts at the mastery of a new skill. It is important that you positively support the child **throughout** the process of responsive teaching. This can be done by simply paying attention to the child, commenting on the child's activity, smiling, sitting with the child, touching the child, playing with the child, and so on.

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6

Listening & Talking: The Balancing Act

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Module Flow Guide

(Two 2-hour sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	5 min.
II. Define communication	Group discussion Lecture	Overhead projector OT–What is it? (communication)	20 min.
III. How children learn to talk	Group discussion Lecture	OT–How Children…	30 min.
IV. Listening & talking	Video Group discussion Assignment	VCR, monitor Video: *Listening and Talking* *Raising America's Children Study Guide*	50 min.
		HO–Tips for… Assignment–Activities that Stimulate…	5 min.
Session Two			
V. Activites that stimulate language development	Review assignment Group discussion	Assignment–Activities that…	20 min.
VI. Promoting language use in the language-delayed child	Group discussion Lecture	Overhead projector HO–Why some…	25 min.
VII. Conducting quality conversations	Group discussion Role plays	HO–Tips for… HO–How to… (from Module 5)	60 min.
VIII. Wrap-up	Group discussion		5 min.

Student Objectives

FOCUS

The care provider's ability to support an infant's emerging language depends on forming a close relationship with the infant. Nonverbal forms of communication are important factors in how the caregiver and child relate to each other and in the child's trust of the caregiver. It is the care provider's responsibility to model and encourage communication among children in the classroom and to maintain an environment that stimulates language.

Awareness

Watch a video that describes the importance of listening and talking with young children to help them to develop language.

Review the steps children follow in learning to talk.

Knowledge & Skills

Define communication and state at least two reasons why children communicate.

Define receptive and expressive language.

Describe the implications of the following statement for the care provider: receptive language develops before expressive language.

Describe characteristics of a quality conversation between a care provider and an infant.

Describe four characteristics of a language-rich environment.

Describe two activities that stimulate a young child's receptive language and two that promote expressive language.

State at least one reason a child may be a "late talker."

Describe two ways to modify the day care environment in order to facilitate language and communication.

Develop and role play conversations between a care provider and child that demonstrate an understanding of basic tips for communicating with young children.

Optional

Describe one type of listening or reading activity that children of the following ages might enjoy: under 1 year, 1-2 years, 2-3 years, 3-4 years, 4-5 years.

Activities that Stimulate Language

1. Describe two activities that stimulate a child's ability to comprehend language (receptive language). Would these activities need to be modified in any way in order to be used effectively with a child who has severe mental or physical disabilities?

2. Describe two activities that stimulate a child's ability to express language. Remember that children use a variety of ways to communicate besides speech. Would these activities need to be modified in any way to be used effectively with a child who has severe disabilities?

Why Some Children Have Language Delays

1. The child may come from a home where there is very little language.
2. The child may not have enough opportunities to use language at home or in the day care setting. Perhaps the child's needs are automatically met without having to use language for getting help or attention, for making choices, for defending himself or herself, for getting involved with others, for beginning conversations or for finding out new things.
3. Perhaps the child speaks another language as a primary language.
4. The child may have recurring ear infections or some other physical reason that has prevented him or her from easily hearing others use language.
5. The child may be adjusting to a new situation at home or in the day care setting. The child's temporary response to changes in his or her life situation may be to quit talking. Examples of such changes include the illness or absence of a family member, the birth of a sibling, a move to a new dwelling place, a change in day care providers or day care settings.
6. The child may have some type of developmental disability which affects the way the child processes and uses language.

Tips for Talking with Young Children

1. Lay the groundwork for effective communication by establishing trust, getting on the child's level to give face-to-face eye contact, and assuming a comfortable position and relaxed body language.

2. Listen attentively and look interested even if you are not sure what the child is saying. Show delight and imitate an infant's sounds.

3. Speak slowly and pronounce words clearly.

4. Keep words and sentences simple.

5. Talk about what the child is interested in—what the child sees, hears, feels, tastes, smells. Do not ask a lot of questions unless you really want to learn something you do not know. Asking one question right after another does not constitute a conversation.

6. Keep the conversation going by elaborating upon what the child says. Recognize smiles, squirms, glances and gestures as well as vocalizations on the child's part as a communicative response.

7. Repeat and emphasize your important words.

8. Be patient.

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7

Win/Win: Guiding Behavior

Module Flow Guide

(Three 2-hour Sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. **Highlight objectives & answer questions**	Group review	Student objectives	5 min.
II. **The Importance of positive self-concept**	Video Group discussion	VCR, monitor Video: *A Sense of Self* *Raising America's Children Study Guide*	1 hr.
III. **Factors that influence our beliefs about how children should behave**	Small groups Group discussion Assignment	HO–All in a Day's Play Overhead projector OT–Factors that influence… HO Series (from Module 2)–Child Dev. Skill Assignment–Ages and Stages	45 min.
Session Two			
IV. **Developing appropriate expectations**	Group discussion Lecture	HO–Dev. Appropr. Behav. … HO Series (from Module 2)–Child Dev. Skill HO–Disabilities & Development	1 hr.
V. **Why children show problem behaviors**	Group discussion	Overhead projector OTs–Examining Your Reactions	30 min.
VI. **How children learn appropriate behaviors**	Group discussion Assignment	HO–Positive Ways to Teach… Assignment–Replace Your Idle Threats	20 min.
Session Three			
VII. **Keys to prevention**	Lecture Group discussion	Overhead projector OT-Planning the Environment	30 min.
VIII. **Principles of guiding behavior**	Lecture Small groups Group discussion	HO–Steps for Strengthening & Weakening … HO–Using Time Out	55 min.
IX. **Wrap-up**	Group discussion		5 min.

Student Objectives

FOCUS

A person's behavior is a product of many factors. A child needs to feel safe, secure and to have a good self-concept in order for optimal behaviors to occur in development and learning. Parents and care providers of young children can employ many positive techniques to prevent problem behaviors and to strengthen desirable behaviors in their children. These techniques and those used to weaken behaviors are most effective when they are used consistently across settings and people.

Awareness

Participate in an exercise that examines how families, care providers and others may view children's actions differently according to their values, understanding of, and experience with children.

Knowledge & Skills

Define self-concept and explain its importance.

Describe ways caring adults can promote a positive self-image for children.

State two ways to make each child feel like a unique individual with his or her own strengths.

Keeping in mind the developmental characteristics of the following age groups, describe for each group one developmentally appropriate behavior that could be a problem if not anticipated and planned for in the child care setting: birth-6 months, 6-12 months, 12-18 months, 18-24 months, 24-36 months, 36-48 months, 48-60 months.

List three important questions to consider in developing appropriate expectations for a child's behavior.

Describe the effects that various disabilities may have on the child's development and behavior.

Name two examples of problem behaviors children might show in a child care setting and provide two possible reasons for those behaviors.

Provide examples of what is meant by the following methods of teaching children positive behavior:

- Be a model.
- Use positive reinforcement.
- Tell the rules.
- Be consistent.
- Give positive directions.

Given examples of negative and threatening statements intended to change children's behavior, reword the statements to create examples of positive direction.

Describe ways to structure the environment in order to:

- promote engagement and decrease aimless wandering
- decrease fighting over toys and materials
- facilitate smooth transitions.

Define planned ignoring and redirection and give examples of each.

Give an example of how allowing the natural or logical consequences to occur can effectively decrease a problem behavior.

Describe at least three guidelines for using a time-out procedure with young children.

All in a Day's Play

Story A

Molly = 3 years old Garrett = 18 months Su Lyn = 11 months

The children are playing in the living room. Molly is sitting on the floor next to Su Lyn. Molly is holding the only baby doll in the room. Garrett walks over, says "Mine!" and takes the doll to the other side of the room. Molly cries. When Su Lyn hears her, she tries to crawl into Molly's lap. Molly hits Su Lyn and pushes her onto the floor. In the meantime, Garrett has settled into a child-sized rocker and is rocking the baby doll.

Whose behavior surprises you the most? Why?

Why do you think Garrett took the doll Molly was holding?

Why do you think Su Lyn crawled into Molly's lap?

Why do you think Molly hit Su Lyn?

Story B

Molly = 3 years old Garrett = 18 months Su Lyn = 11 months

The children are playing in the living room. Molly and Garrett are sitting on the sofa with books. Su Lyn crawls over to the coffee table in front of the sofa. She climbs up on it, points to the children and laughs. Molly stands up, grabs Su Lyn by the waist and pulls her off onto the floor, saying "No, no, Su Lyn!" Su Lyn fusses and climbs back up on the table and over onto Garrett who is still sitting on the sofa. She puts her mouth against Garrett's leg and Garrett begins to cry. Garrett leans over and bites Su Lyn's back.

Whose behavior surprises you the most? Why?

Why do you think Su Lyn climbed on the table?

Why do you think Su Lyn put her mouth on Garrett's leg?

Why do you think Garrett bit Su Lyn?

Ages & Stages

Sometimes when children begin to practice new skills we haven't seen them use before, it is tempting to jump to the conclusion that they are just "acting up." An example might be when an 18-month-old starts to climb all over furniture. As a care provider, it is important to plan the environment so that this child has lots of opportunities to use her climbing skills on appropriate equipment such as toddler climbers, ladders and stacking mats.

Think about the ages listed below and write down any behaviors you can think of that may be challenging to the care provider, although developmentally appropriate for the child.

birth - 6 months ______________________________

____

6-12 months ______________________________

____

12-18 months ______________________________

____

18-24 months ______________________________

____

24-36 months ______________________________

____

36-48 months ______________________________

____

48-60 months ______________________________

____

Developmentally Appropriate Behaviors

0-6 Months

Infant is organizing his or her response systems (states) which include: sleeping, waking (activity and attention) crying, sucking (eating). The infant's responses can be unreliable because of this.

Baby becomes more aware of environment and persists with active exploration, reaching and grasping for everything in sight, regardless of suitability for playing and mouthing.

6-12 Months

Baby becomes mobile, crawling, creeping on hands and knees and then walking, all within about a six-month period! Baby will head for whatever is reachable, appropriate or not.

Baby acquires first words: mama, dada, bye bye, dogie or shoe, but doesn't have the vocabulary to express wants and needs. Baby may be fussy and frustrated when you offer the wrong thing. Baby may grab from other children.

12-18 Months

Toddler is now an active explorer and "on the go"—not just forward in space but up in space, climbing on every possible safe and unsafe surface.

Toddler has a strong sense of ownership. Expect to hear lots of "me", "mine" and see grabbing, hitting, and sometimes biting.

18-24 Months

Toddler ventures out from caregivers with a new sense of separateness and independence. Toddlers need close supervision though, to avoid dangerous situations.

Toddler has vocabulary to make many needs known but "no" is a favorite word and weapon in the struggle for auto-nomy. Toddlers say "no" for things they really want to have or do and sometimes tantrum when things don't go their way.

24-36 Months

The young child now has vocabulary to express wants, needs and ideas. At this age of self-assertion, children want to do everything for themselves (i.e., pour milk, cut own food, dress self, etc.) and are frustrated by what they can't do.

The child is more cooperative but is prone to peer influences and may show problem behaviors, such as using "dirty" words.

The child has real fears and often displays sleep problems.

36-48 Months

The young child enjoys playing with other children and is able to maintain interest in a project over several days.

The 3-4 year-old notices changes in things and may ask questions about the environment, spatial relationships and the work people do.

Children this age seem to seek information constantly by asking many "why" questions and may want to debate directions given them by adults.

48-60 Months

The 4-5 year-old asks questions about earlier days and can think several steps ahead before acting.

The child is able to retell stories he or she has heard and may make up fantastic stories that are presented to adults as having really happened.

The child has developed definite likes and dislikes and doesn't mind saying what they are.

Developed by Grace Wells, Alamance-Caswell Mental Health Agency, Burlington, North Carolina and Pat Wesley, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

Disabilities & Development

Down Syndrome

The child will follow the normal sequence of development, but since the child typically has mental retardation, the rate of learning developmental skills is slower. The child, for example, will probably crawl before walking and use one word at a time before speaking in sentences. However, the child may walk and use sentences much later. A 24 month-old child with Down Syndrome may act like a 12- or 15-month-old. The child may become quite frustrated at not being able to express herself clearly or do certain things.

Visual Impairments

The child may experience lags in many areas of development since he is surrounded by sounds, smells and sensations that he does not know how to associate. The young child depends totally upon others to provide guidance and information about what it all means. Others will have to use sound and touch to explain the world to the child with visual impairments. The child may be afraid of unfamiliar movement, objects and textures. He or she may have a difficult time during transitions between activities and in learning how to play with other children.

Hearing Impairments

A child with hearing impairments usually progresses along the normal sequence of development except in the area of language development. She will not understand what is being said and will not be able to use words the way hearing children do. The child may also act like a less socially mature child. The hearing impaired child will depend upon others to help her develop a language system, using sound or sign, or both.

Cerebral Palsy

The child always lags with gross motor development and sometimes with fine motor development because of abnormal muscle tone, posture and movement. Cerebral palsy may affect the total development of the child's skills and cause other problems such as seizures or mental retardation. Many times, the child who has cerebral palsy has difficulty speaking because the muscles of the mouth are affected. There are different types and degrees of cerebral palsy and every child is unique in his or her ability. Children who have cerebral palsy do not all have mental retardation. For many children, the inability to move and express themselves the way they want to is a real frustration which can lead to crying and tantrums.

Developed by Grace Well, Alamance-Caswell Mental Health Agency, Burlington, NC.

Positive Ways to Teach Positive Behavior

1. Be a MODEL. Children learn by what they see and hear you and others do. Children learn that what is appropriate behavior can depend on the situation and the people involved.

2. Use POSITIVE REINFORCEMENT such as praise, physical contact, stickers, special activities. Catch children being good! Spend lots of positive time talking with children when things are pleasant and running smoothly.

3. Make sure children are aware of your RULES. Set limits, define the rules, and for older children define how they should pay for broken rules. Know what behaviors you plan to reinforce or ignore. Plan ahead so that you can "act" rather than "react" to problem behaviors.

4. Be CONSISTENT in enforcing the rules. Follow through on what you say.

5. Direct children in a positive way. Indicate what behavior the child is to perform by stating what the child should do instead of should not do.

REMEMBER Children are coming into your care with different backgrounds and perceptions. Caregivers should try to determine what these are and understand they can't expect each child to acquire new behaviors at the same rate through the use of these teaching methods. With each of these positive methods to teach the child, TIME & OPPORTUNITIES to practice the behaviors are essential.

Replace Your Idle Threats!

Directions: Change each of these threats into a positive statement. Indicate the behavior the child is to perform.

Example:
"If you don't mind me, I'm going to tell your mother when she gets here."
When you put your coat on your hook, we'll be ready for story-time.

"If you can't be nice to the other kids, you aren't going to help with snack today."

"If you don't get these toys picked up, we won't have snack!"

"If you don't stop hitting Sally, you won't be able to play with the other children."

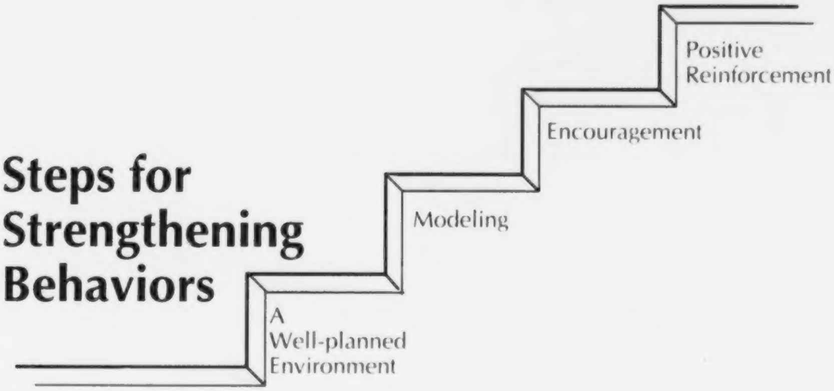
"If you don't stop crying, you won't get to play with any toys!"

"If you don't do this right, you'll just have to do it again."

"If you don't cooperate, you won't get to go outside to play."

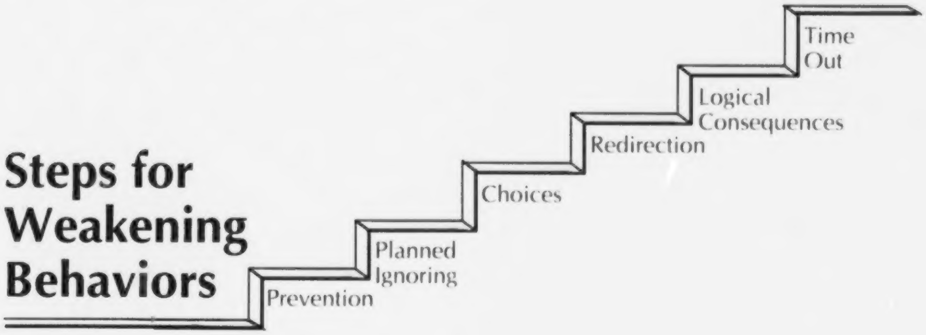
Adapted from: Kontos, S., Dunham, J. H., Litchfield, M., Murphy, D., & Tiffany, K. (1987). *Neighborcare training manual for family day care.* Project Neighborcare (Handicapped Children's Early Education Program. Grant # 60084001382).

Steps for Strengthening Behaviors and Weakening Behaviors



Steps for Strengthening Behaviors

A Well-planned Environment
Modeling
Encouragement
Positive Reinforcement



Steps for Weakening Behaviors

Prevention
Planned Ignoring
Choices
Redirection
Logical Consequences
Time Out

Using Time Out with Young Children

Time out is removing the child from the situation in which he or she is receiving reinforcement for an undesirable behavior or when some time alone to calm down is needed.

Tips for using time out:

- Use time out only after you have tried more positive methods.
- Use it sparingly, for one or two behaviors only. Let the child know what they are.
- Let the parents know that you are using time out! Ask them to help you set up the procedure.
- The time-out area must be within the caregiver's view.
- Make the time out immediate.
- Use a kitchen timer as a concrete method for denoting the beginning and ending of the time-out period for yourself and the child.
- The time out should be short (2-5 minutes) to allow the child to come back into the situation, behave appropriately and get reinforced.

NOTE: When you start to use time out, be prepared to see an increase in the undesirable behavior before it starts to decrease.

Adapted from: Kontos, S., Dunham, J. H., Litchfield, M., Murphy, D., & Tiffany, K. (1987). *Neighborcare training manual for family day care*. Project Neighborcare (Handicapped Children's Early Education Program. Grant #60084001342).

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8

We're ALL Different: Answering Questions About Disabilities

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Module Flow Guide

(One 2-hour session)

Topic	Activity	Materials	Time Needed
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	2 min.
II. Preparing for mainstreaming	Video Group discussion	VCR, monitor Video: *How Will I Explain it to the Other Children?* *Young & Special Leader's Guide*	45 min.
III. Fostering positive attitudes	Group discussion	HO–Fostering Positive Attitudes	30 min.
IV. Answering the questions of others	Group discussion	HO–Tips for Answering Children's Questions About Disabilities	30 min.
V. Wrap-up	Group discussion	HO–Ways to Help a Child Answer Questions from Others	3 min.

Student Objectives

FOCUS

Physical proximity of children with and without disabilities does not guarantee positive attitudes and increased acceptance. It is the care provider's responsibility to foster positive attitudes by modeling and by creating opportunities for children with varying abilities to interact knowledgeably, comfortably and fairly with each other.

Awareness

Watch a video that introduces common issues care providers face regarding the preparation of other children for the arrival of a child with special needs.

Knowledge & Skills

Name at least two sources of information about a child with special needs and describe how information from these sources could be obtained prior to the child's enrollment in the child care program.

Describe activities that implement the following strategies to foster in young children positive attitudes toward persons with disabilities:

1. Make sure that architecture, room arrangement and materials can be used by all children.

2. Actively introduce ways for children with and without disabilities to interact with and learn from each other.

3. Use pictures, books and dolls to increase knowledge about disabilities.

4. Assist children in becoming familiar with equipment and devices used by persons with disabilities.

5. Provide experiences that enable children to learn about what different degrees of hearing, vision and mobility are like.

6. Counter misconceptions and stereotypes about disabilities.

Give an example of how the ways a young child thinks and views the world can affect that child's perceptions about disabilities.

List at least four tips for answering children's questions about disabilities.

Describe how a care provider can provide support and skills to a child who has a disability and wants to answer the questions of others him- or herself.

Fostering Positive Attitudes Toward Persons with Disabilities

Strategy	Sample Activities
1. Make sure that architecture, room arrangement and materials can be used by all children.	Build a sand box up on legs so a child in a wheelchair can use it.
2. Suggest to children with and without disabilities ways they can interact with and learn from each other.	Help all children to learn sign language and encourage them to use it throughout the day.
3. Use pictures, books and dolls to increase knowledge about disabilities.	Make sure books about people with various disabilities are available to the children. Choose books that don't focus solely on the disability, but rather show people with disabilities doing many different things.
4. Assist children in becoming familiar with equipment and devices used by persons with disabilities.	Include items such as canes, walkers or eye glass frames in the Housekeeping or Dress-Up area for children to try out. (It is best to use surplus equipment and devices rather than using a child's personal equipment.)
5. Provide experiences that enable children to learn about what different degrees of hearing, vision and mobility are like.	Play a "feelie box" game where children use only their hands to tell what an object is. Encourage a blind child to play, too, and to offer helpful hints about how to identify objects that aren't easily guessed by others.
6. Correct misconceptions and stereotypes about disabilities.	Listen for the children's ideas about what persons with disabilities can and can't do, and find examples to disprove or support their ideas. "We know persons who use wheelchairs can go grocery shopping because..."

Tips for Answering Children's Questions about Disabilities

1. Your attitude may be what the children will imitate. Convey an open and positive attitude when you answer questions about disabilities.
2. Answer what the children ask, but be brief.
3. Listen for the feelings behind a child's question and talk about them. Let a child know it is okay to express fears or any other feeling.
4. Use simple words and examples the child can understand.
5. Look for opportunities to show how children with and without disabilities are different and how they are the same.
6. Do not criticize the child's comments or questions.
7. Give the child your undivided attention and notice his or her response to your answer. Listen to see if there are follow-up questions.
8. Whenever appropriate, encourage other children to ask their questions directly to the child with disabilities.

Ways to Help a Child Answer Questions from Others

There are specific steps care providers can take to provide support and skills to children who have disabilities who are answering the questions of others:

1. Talk with the family to find out how they have explained the disability to the child and others.
2. Find out what the child wants to tell others.
3. Help children find the words they are most comfortable using and offer opportunities to practice privately what they will say to others.
4. Teach children that they have the right to choose to answer, to say they don't want to answer, or to say they would rather the person ask the teacher or the family.
5. Let children know that you are available to help them if they are feeling sad, angry or just tired of answering questions.

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Where to Go to Learn More

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Instructor Manual

Mainstreaming Young Children

A Training Series for Child Care Providers

Patricia W. Wesley

Instructor Manual

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A Training Series for Child Care Providers

Patricia W. Wesley

Frank Porter Graham Child Development Center
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

Mainstreaming Young Children:
A Training Series for Child Care Providers
(Instructor Manual)
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Purpose

This curriculum is intended to be used by community college instructors to provide preservice and inservice training about mainstreaming to child care providers. It is hoped that other persons involved in training activities related to mainstreaming the young child may also find it useful.

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The Modules

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Overview: *Mainstreaming Young Children*

The Need for the Curriculum

Legislation such as the Individuals with Disabilities Education Act reinforces what child development specialists and families have felt for years: It is no longer acceptable to segregate children with disabilities from the mainstream in order for them to receive the services they need. Indeed, many parents of children with special needs consider the opportunity for their child to play and learn beside typically developing children a priority. More recently, the Americans with Disabilities Act guarantees that services provided to the general public must be available to children with disabilities, including day care services. It is likely that as the number of parents who need day care for their children increases, so too will the community demand for integrated services. The social and legal rationales for mainstreaming are clear. The immediate implication for child care providers is that more and different training must be made available, not only about specific disabilities, but most importantly, about how to successfully include children with a wide range of abilities in the same program.

Description

Mainstreaming Young Children: A Training Series for Child Care Providers is designed to provide adults with information and training about how to include children with disabilities in regular child care programs. The curriculum is presented as a 44 clock-hour or 4 credit-hour course in the community college system. While it would be optimal to offer the eight modules sequentially, it is hoped that community college instructors will have the flexibility to use the course in any way that meets the needs of their students. For example, it is possible that modules from the *Mainstreaming Young Children* curriculum could be used to supplement an Introduction to Exceptional Children course. Similarly, persons outside the community college system who are involved in training activities related to mainstreaming young children are encouraged to use the materials creatively to meet their needs.

Target Audience

The course has been developed for the following audiences: day care (center or home) directors, teachers and assistants who are serving children birth through five years of age, and community college students who are preparing to be child care providers. It is recommended that students who enroll in the course have knowledge of basic child development and at least an introduction to various types of disabilities. There is no lab or practicum work attached to the *Mainstreaming Young Children* course at this time, although many suggestions are made throughout the curriculum for community involvement and observation.

The Modules

4 Hrs	(2 sessions)	Then & Now: Why Mainstream?
6 Hrs	(3 sessions)	Abilities First: Considering the Child with Special Needs
6 Hrs	(3 sessions)	Working Together: A Focus on Families
4 Hrs	(2 sessions)	The Preschool Environment: Supporting Children's Play
8 Hrs	(4 sessions)	Planning & Teaching: Meeting Everyone's Needs
4 Hrs	(2 sessions)	Listening & Talking: The Balancing Act
6 Hrs	(3 sessions)	Win/Win: Guiding Behavior
2 Hrs	(1 session)	We're ALL Different: Answering the Questions of Others

The module content is intended to be presented in 40 hours of class time across twenty two-hour sessions. The remaining two sessions (four hours) can be used at any time by instructors to review, extend or supplement the course content.

How to Use the Modules

How to Prepare

The *Mainstreaming Young Children* training series is most effective when the modules are offered sequentially. If that is not possible, instructors are encouraged to read the eight modules carefully and to use the content in creative ways that meet their needs and those of their students. For example, some instructors may want to use selected modules as free-standing training activities or to supplement an Introduction to Exceptional Children course. Others may prefer to condense the material into one 33-hour course. It is the author's intent that the *Mainstreaming Young Children* curriculum be flexible enough to fit a variety of training formats.

Each module employs instructional methods that may include interactive small group activities, lecture, group discussion, role-play, audio-visual presentation, handouts and assignments. The pace is intended to be upbeat. Instructors are encouraged to become thoroughly familiar with the Instructor Outlines and materials before conducting the sessions. They are invited to use their own ideas and experiences to create a relaxed atmosphere that supports student interaction and expression.

In preparing to use the modules, instructors will need to identify which of the student objectives they want to address; in some modules, choices between objectives or optional objectives are provided. Instructors will want to include breaks as needed during the sessions, as these are not specified in the Instructor Outlines. It is necessary to obtain video equipment, overhead projectors, flip charts or blackboards as well as to prepare for small group activities ahead of time. If *Student Handbooks* are not used, selected handouts will need to be copied for the specific modules offered. (NOTE: If handouts are duplicated, the quality of the photographic images will be greatly reduced.) For more information about these important steps of preparation see the following section.

The Module Format

The modules presented within the *Mainstreaming Young Children* curriculum are designed as complete guides for the instructor. What follows is a list and explanation of the components contained in each module.

- *Notes to Instructor* appear on the page following each module's cover sheet and include the specific tasks the instructor needs to accomplish before the date of each session.
- *Student Objectives* provide an overview of each module and pinpoint expectations for students in increasing their awareness, knowledge and skills.
- *A Module Flow Guide* is provided to give an overview of each session's agenda, including the steps in which the topics are presented, the time needed for each step and any corresponding activities or required materials. The time needed for each activity is **approximate** and will vary with different instructors and groups.
- *The Instructor Outline* is a narrative, step-by-step guide through each module. It is designed as a reference for instructors and includes directions about when to utilize audio-visual materials or handouts. The italicized print denotes critical content; the instructor may want to use the italicized words or his or her own. Instructors are encouraged to include breaks where needed.
- *Where to Go to Learn More* lists helpful resources in the topic area.
- *An Instructor Packet* is found at the end of each of the first seven modules that contains all overhead transparencies used in the module.
- *A Student Packet* appears at the end of each module. It includes the Student Objectives, all handouts, assignments and the Where to Go to Learn More list. The Instructor is encouraged to use this packet as a reference while teaching the sessions. A *Student Handbook* that includes student packets for all modules is also available and it is recommended that instructors order enough *Student Handbooks* for each student to have one. If handbooks are not ordered, the instructor may duplicate the Student Packet ahead of time for

every student participating in the course. (NOTE: Duplicating the Student Packets or *Student Handbook* will greatly reduce the quality of the photographic images.)

- *Legend* for symbols used in the text:

👥	Activity
📝	Assignment
📄	Handout
📽	Overhead Transparency
📼	Video
⯃	[End of Session]

Author's Note: Sources used in the development of the Instructor Outlines are noted in Works Cited. Other sources used to develop Overhead Transparencies or Handouts are noted on those materials.

Module 1—
Then & Now: Why Mainstream?

Student Objectives

FOCUS

The policies established in the Individuals with Disabilities Education Act represent landmark legislation for children. Broadly defined, this act upholds the rights of children with disabilities, birth through five, to free and appropriate education, special services tailored to meet individual needs, and services designed to maximize each individual's developmental potential. Care providers for young children with disabilities have a responsibility to work with others, including the child's family, to support these rights.

Awareness

Participate in an activity that examines one's own feelings and beliefs about handicaps and integration.

Examine the historic roles of the family and the social and political events that have impacted public attitudes toward disabilities.

Consider the stereotypic roles that have often been assigned to people with handicaps.
OR
Discuss five practices that interfere with positive attitudes toward persons with disabilities.

Knowledge & Skills

State definition of mainstreaming.

Describe three major provisions of the Individuals with Disabilities Education Act and the intent of the Americans with Disabilities Act.

State benefits of integration for children, teachers, families and community.

Identify barriers to providing quality care in mainstreamed settings.

Describe strategies for communicating a commitment to integration to each of the following groups:

- parents
- community
- other teachers and caregivers in your child care program.

OR

Develop a written policy statement for a child care program describing a philosophy supporting the principle of mainstreaming.

Optional

Describe the social, educational and legal rationale for integration.

Identify at least three examples of preschool integration and describe any that could work in your community.

Describe seven essential components of a successful integration program.

Module 2 —
Abilities First: Considering the Child with Special Needs

Student Objectives

FOCUS

Development is continuous. Children achieve developmental milestones at different rates, usually across the same time period of several months. Intervention for children who have special needs or are delayed in achieving developmental milestones is most effective when warning signs are detected early and services are begun right away. Parents are important observers of their children and have critical information about their development.

Awareness

Participate in an activity that matches developmental milestones for major developmental areas with the age range in which they usually occur, birth through five years of age.

Participate in a parent interview role play.

Knowledge & Skills

Define what it means to be "at high risk" for developmental disabilities by describing a hypothetical situation.

Describe two strategies for getting to know the "whole" child.

Review six developmental areas often included on developmental checklists and give examples of skills in each area.

Use part of a developmental checklist to look at a young child's skills.

Review the definition of developmental disability.

Review characteristics and early warning signs of the following types of disabilities:

- mental retardation
- serious emotional disturbance
- hearing impairments
- visual impairments
- speech & language impairments
- orthopedic impairments
- specific learning disabilities
- autism
- traumatic brain injury
- other health impairments

Review the limitations of diagnostic categories and participate in an activity that highlights the effects of labeling.

Give examples that demonstrate an understanding of the following concepts about developmental disabilities:

1. Some disabilities can be diagnosed early in life while others may not be noticed until the child is older.

2. Many children with special needs have delays or disabilities that make them dependent upon others.

3. Many children with special needs have delays or disabilities that keep them from learning well on their own.

4. Some disabilities may interfere with how children interact with others and the environment. As a result, they may acquire an additional handicap.

5. Care providers should be aware of, and sensitive to, the child's and family's feelings in dealing with and accepting the child's special needs.

Identify issues deserving special consideration when a teacher suspects a child has a developmental disability.

Module 3—
Working Together: A Focus on Families

Student Objectives

FOCUS

The people most familiar with a child are the family members. When the child care program and family communicate regularly about the child's accomplishments and needs the child will be more likely to reach his or her developmental potential. Families are different in their personal circumstances, experiences and culture, and therefore in their priorities, strengths and values. Professional behavior should reflect this understanding.

Awareness

Participate in an exercise that highlights the concept of adjusting to the birth of a child with disabilities when a healthy, typical child was imagined and hoped for.

Review some common stresses and feelings experienced by parents of children with special needs.

Knowledge & Skills

State why communication between the child care program and family is important in general and why it is critical for families and staff working with young children who have special needs.

State why and how the degree of involvement between the family and child care program may vary across families and over time for any one family.

Describe the meaning and implications of the following guidelines for services that are responsive to the needs of families:

1. Take time to get to know the family.
2. Create a variety of opportunities for sharing information.
3. Recognize the importance of the family as the major constant factor in the child's life.
4. Respect and accept family diversity.

5. Be nonjudgmental and sensitive toward the family's emotions.
6. Respect confidentiality.
7. Design flexible services.
8. Do not expect to meet all the family's needs.

Describe at least two considerations in setting the stage for effective communication between family and child care programs.

Describe one factor that can impede effective communication between the child care program and the family of a child with special needs.

List and define four key skills to effective communication between care provider and parent.

Demonstrate "Reflecting Feelings" skills by participating in role plays.

Describe what is meant by the family's right to confidentiality.

Optional

Compile a list of community services and agencies available to help children with disabilities and their families.

Module 4—
The Preschool Environment: Supporting Children's Play

Student Objectives

FOCUS

Children's interactions with the people, objects and space around them are important in promoting growth, development and learning. A well-planned child care environment promotes a child's positive self-concept by providing security, challenge and opportunities to learn and explore independently. Such an environment integrates the interests, learning styles and physical attributes of all children.

For young children, play is learning. Establishing a well-planned environment is a good way to support a preschooler's play. Maintaining awareness of children's varying abilities and play styles helps teachers to know when a child needs help initiating or sustaining meaningful social interactions with others.

Awareness

Participate in an exercise that examines how the physical and human aspects of the environment convey certain messages.

Consider the child care environment from the child's perspective.

Knowledge & Skills

Identify the benefits of a well-arranged child care environment.

Administer parts of the *Infant/Toddler Environment Rating Scale* in a classroom.

State ways a well-planned environment can contribute to the child's positive self-concept.

State ways the environment can promote social interaction among children.

State ways the environment can promote independence.

State ways the environment can help manage the children's behavior.

State ways the environment can facilitate supervision and adult/child interaction.
State ways the environment can promote health and safety.

Describe three important considerations in selecting toys and play materials for young children.

Describe general characteristics of quality play between an adult and young child.

Describe three keys to setting the stage for productive free-play experiences for young children.

Describe general guidelines to follow to ensure that play activities include and challenge children with the following special needs: blindness or visual impairment, deafness or hearing impairment, physical disability, mental retardation.

Module 5—
Planning & Teaching: Meeting Everyone's Needs

Student Objectives

FOCUS

Interagency and family collaboration is critical in planning a good Individual Family Service Plan or Individual Education Plan. The willingness to accept advice and share knowledge and information is essential to working effectively with others on the early intervention team. Decisions about individual goals for children need to be based on the child's ability to function productively and independently in a given environment, not on a child's diagnostic label. The use of appropriate and varied methods to assess young children provides the foundation for selecting or modifying a curriculum that meets everyone's needs. The curriculum should focus on all developmental areas in an integrated way and support the child's feelings of self-worth and happiness.

Awareness

Watch a video that illustrates the need for coordination of educational and therapy programs for children with special needs.

OR

Attend a panel presentation of representatives from various disciplines on the early intervention team.

Knowledge & Skills

Define the purpose of the early intervention team and describe the possible disciplines and roles of its members.

Describe the purpose of an Individual Family Service Plan or an Individual Education Plan.

State how an Individual Family Service Plan or an Individual Education Plan is developed by describing four tasks of the early intervention team.

Describe the difference between long-range goals and short-term objectives.

State three principles of how children learn that care providers should remember when planning schedules and activities.

List at least three characteristics of a good daily schedule for young children in an integrated child care program.

Define engagement and describe techniques that facilitate children's smooth transition from one activity to another and that maximize engagement.

Define curriculum and give examples of what is meant by six characteristics of a developmentally appropriate curriculum:

1. Provides activities that stimulate all areas of a child's development **without** isolating one area at a time: cognitive, fine motor, gross motor, language, self-help, social-emotional.

2. Builds upon an environment for children that encourages them to explore and move, to interact with materials and people and to experiment.

3. Includes a variety of fun activities that have been planned based on careful observation of each child's special interests, abilities and preferred ways to learn. In other words, the curriculum gives all children a chance to show competence and to be challenged.

4. Provides materials and activities that are concrete, real and relevant to the lives of young children.

5. Provides materials and activities that increase in difficulty, complexity and challenge as children develop understanding and skills.

6. Offers a balance of indoor and outdoor play, rest and active movement.

Explain how the following curriculum designs influence children's participation in future settings: (1) one that supports child-directed learning opportunities (2) an integrated curriculum for children with and without disabilities.

Define Responsive Teaching and give examples of the following steps of Responsive Teaching:

1. Let the child select the activity.
2. Attend to what the child does.
3. Allow the child to play.
4. Encourage elaboration (modeling, prompting).
5. Allow for practice of the new skill.
6. Reinforce.

Define the following teaching strategies: modeling, prompting, reinforcing and task analysis.

Role play strategies for helping children with the following disabilities in the integrated classroom: visual impairments or blindness, hearing impairments or deafness, communication problems, substantial physical and/or mental disabilities.

Module 6—
Listening & Talking: The Balancing Act

Student Objectives

FOCUS

The care provider's ability to support an infant's emerging language depends on forming a close relationship with the infant. Nonverbal forms of communication are important factors in how the caregiver and child relate to each other and in the child's trust of the caregiver. It is the care provider's responsibility to model and encourage communication among children in the classroom and to maintain an environment that stimulates language.

Awareness

Watch a video that describes the importance of listening and talking with young children to help them to develop language.

Review the steps children follow in learning to talk.

Knowledge & Skills

Define communication and state at least two reasons why children communicate.

Define receptive and expressive language.

Describe the implications of the following statement for the care provider: receptive language develops before expressive language.

Describe characteristics of a quality conversation between a care provider and an infant.

Describe four characteristics of a language-rich environment.

Describe two activities that stimulate a young child's receptive language and two that promote expressive language.

State at least one reason a child may be a "late talker."

Describe two ways to modify the day care environment in order to facilitate language and communication.

Develop and role play conversations between a care provider and child that demonstrate an understanding of basic tips for communicating with young children.

Optional

Describe one type of listening or reading activity that children of the following ages might enjoy: under 1 year, 1-2 years, 2-3 years, 3-4 years, 4-5 years.

Module 7—
Win/Win: Guiding Behavior

Student Objectives

FOCUS

A person's behavior is a product of many factors. A child needs to feel safe, secure and to have a good self-concept in order for optimal behaviors to occur in development and learning. Parents and care providers of young children can employ many positive techniques to prevent problem behaviors and to strengthen desirable behaviors in their children. These techniques and those used to weaken behaviors are most effective when they are used consistently across settings and people.

Awareness

Participate in an exercise that examines how families, care providers and others may view children's actions differently according to their values, understanding of, and experience with children.

Knowledge & Skills

Define self-concept and explain its importance.

Describe ways caring adults can promote a positive self-image for children.

State two ways to make each child feel like a unique individual with his or her own strengths.

Keeping in mind the developmental characteristics of the following age groups, describe for each group one developmentally appropriate behavior that could be a problem if not anticipated and planned for in the child care setting: birth-6 months, 6-12 months, 12-18 months, 18-24 months, 24-36 months, 36-48 months, 48-60 months.

List three important questions to consider in developing appropriate expectations for a child's behavior.

Describe the effects that various disabilities may have on the child's development and behavior.

Name two examples of problem behaviors children might show in a child care setting and provide two possible reasons for those behaviors.

Provide examples of what is meant by the following methods of teaching children positive behavior:

- Be a model.
- Use positive reinforcement.
- Tell the rules.
- Be consistent.
- Give positive directions.

Given examples of negative and threatening statements intended to change children's behavior, reword the statements to create examples of positive direction.

Describe ways to structure the environment in order to:

- promote engagement and decrease aimless wandering.
- decrease fighting over toys and materials.
- facilitate smooth transitions.

Define planned ignoring and redirection and give examples of each.

Give an example of how allowing the natural or logical consequences to occur can effectively decrease a problem behavior.

Describe at least three guidelines for using a time-out procedure with young children.

Module 8—

We're ALL Different: Answering Questions about Disabilities

Student Objectives

FOCUS

Physical proximity of children with and without disabilities does not guarantee positive attitudes and increased acceptance. It is the care provider's responsibility to foster positive attitudes by modeling and by creating opportunities for children with varying abilities to interact knowledgeably, comfortably and fairly with each other.

Awareness

Watch a video that introduces common issues care providers face regarding the preparation of other children for the arrival of a child with special needs.

Knowledge & Skills

Name at least two sources of information about a child with special needs and describe how information from these sources could be obtained prior to the child's enrollment in the child care program.

Describe activities that implement the following strategies to foster in young children positive attitudes toward persons with disabilities.

1. Make sure that architecture, room arrangement and materials can be used by all children.
2. Actively introduce ways for children with and without disabilities to interact with and to learn from each other.
3. Use pictures, books and dolls to increase knowledge about disabilities.
4. Assist children in becoming familiar with equipment and devices used by persons with disabilities.

5. Provide experiences that enable children to learn about what different degrees of hearing, vision and mobility are like.

6. Counter misconceptions and stereotypes about disabilities.

Give an example of how the ways a young child thinks and views the world can affect that child's perceptions about disabilities.

List at least four tips for answering children's questions about disabilities.

Describe how a care provider can provide support and skills to a child who has a disability and wants to answer the questions of others him- or herself.

About the Videos

In each of the eight modules of the *Mainstreaming Young Children* series it is recommended that a video tape be shown to the students. In most instances the videos provide critical content rather than supplemental information. Because most students have not had experiences with children with disabilities and their families, the videos also provide an important first glimpse at what mainstreaming is all about.

The Partnerships in Mainstreaming Project at the Frank Porter Graham Child Development Center has a limited supply of the videos that can be borrowed for up to three weeks. It is suggested, however, that the videos be purchased from commercial vendors prior to offering the training series.

Module	Video	Cost	Vendor
1	*Not in My Class!* (*Young & Special!* Series)	$150	Electro Systems
2	*Demystifying Special Education* (*Young & Special* Series)	$150	Electro Systems
3	*Someday's Child*	$250	Educational Productions
4	*ITERS Video Training Package*		
	Video, 1 Instructor's Guide	$69	Teachers College Press
	Video Guide and Training Workbook (Pkg. of 7: instructors need 1/student)	$7	
	Infant/Toddler Environment Rating Scale (1/student)	$8.95	
5	*People Who Can Help* (*Young & Special* Series)	$150	Electro Systems
6	*Listening and Talking*	$85	Delmar Publishers
	Study Guide (1/student) (*Raising America's Children* Series)	$14.95	
7	*A Sense of Self*	$85	Delmar Publishers
	Study Guide (1/student) (*Raising America's Children* Series)	$14.95	
8	*How Will I Explain It to the Other Children?* (*Young & Special* Series)	$150	Electro Systems

Addresses for Publishers:

Delmar Publishers
2 Computer Drive West
Albany, NY 12212
1-800-347-7707

Educational Productions
7412 SW Beaverton Hillsdale Highway, Suite 210
Portland, OR 97225
(503) 292-9234

Electro Systems
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Columbus, OH 43232
(614) 863-5522

Teachers College Press
P.O. Box 2032
Colchester, VT 05669
1-800-445-6638

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Suggestions for Increasing Community Awareness

Instructors who train child care providers have emphasized the importance of increasing the students' awareness of services in the community. Suggestions have been made within the modules for asking persons from the community to participate in panel presentations to the class. The instructor may wish to encourage students to go out in the community to learn more about services to persons with disabilities. Listed below are student objectives and related community activities instructors may want to consider.

Objective

The student increases awareness of barriers to public access for persons with disabilities in the community.

Suggested activity

Students choose to "try on" different disabilities while they tour parts of their community such as the downtown area, a public park or recreation facility, a restaurant or shopping mall, the post office or other government building, a school. Some students should begin and end this tour in a wheelchair, others with legs tied together while using crutches. Some could wear blindfolds that prevent any sight while others cover only one eye and wear a wide-brimmed hat to simulate partial vision. Some students should use only one arm; others should use both arms, but no hands. One student could accompany and "interpret" for a friend who does not speak throughout the tour, not even to the companion who is trying to assist him or her.

Instructors can assist students in planning their tours and in brainstorming ways to simulate handicapping conditions. Care and attention should be used when simulating handicaps during the tour in order to avoid the possibility of offending anyone. Students should be encouraged to share experiences with each other after the tour.

Objective
The student increases his or her knowledge about services and agencies for persons with disabilities in the community.

Suggested activity
Small groups of students could be assigned to develop community resource directories that profile services and agencies in nearby communities for persons with disabilities. These could be duplicated and shared. The instructor can assist students in identifying critical information to include in the directories and in setting up interviews with service providers.

Objective
The student increases his or her awareness of integrated services such as mainstreamed preschool programs.

Suggested activity
Many Area Mental Health Agencies have begun to normalize and integrate services to preschool children with disabilities. Some school systems now offer services to preschoolers with special needs in mainstream settings. The instructor can work with other agencies to assess what is available in the community. The instructor could organize a "Mainstreaming Panel of Experts" from the community to present their programs and experiences to the class. Such a panel might include a parent of a young child with disabilities, a local pediatrician, a teacher from the Exceptional Children's Programs in the public schools, a Developmental Day Care director, an early intervention specialist from the Mental Health Agency, a director or teacher from a day care or family day care home serving children with special needs.

Objective
The student visits an integrated child care program serving children with and without disabilities.

Suggested activity
Have students answer the following questions about the integrated child care program they observe:

How many classroom rules are there? How are these conveyed to the children?
Is there a predictable structure throughout the day that supports child choice?

What types of choices do the children have throughout the day?
How does the teacher prepare children for transitions? Are there times when children are unengaged?
In what ways do the curriculum and the teacher stimulate and expand language use?
How does the environment support children's play?
What methods does the teacher use to encourage children to interact with each other?
How does the teacher respond to children's feelings?
Are the children happy? How does the program foster self-esteem?
How does the program meet the special needs of children with disabilities?

Objective

The student increases his or her experience as an advocate for a person with disabilities.

Suggested activity

While students by the end of this course should have increased knowledge and skills about many aspects of mainstreaming young children, it is possible that they have never acted in an advocacy role. This can be a valuable experience for the individual contemplating a career with children, especially with children who have special needs.

By developing contacts with community programs serving persons with disabilities and with families who have members with special needs, the instructor can identify places and times where volunteers can help provide mainstream opportunities to the children or adults. Ideally, the student would be able to receive credit for any time used being a volunteer or advocate. The relationship between the student and the person with disabilities and their family will be most meaningful if contact can be made across several weeks. If the student is volunteering in a community program, he or she should consider working with the same child or adult each time in order to get to know that person. At all times, instructors and students should recognize and respect the rights of persons and families to confidentiality and privacy.

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Then and Now:
Why Mainstream?

Notes to Instructor

If you want to include any of the optional student objectives in this module, decide where in the Instructor Outline you want to refer to the following handouts in the *Student Handbook* (pp. 13-15):

"Rationale for Integrating Children with Disabilities"
"Community Examples of Integrating Young Children"
"Essential Components of a Successful Integration Program"

Become thoroughly familiar with the video *Not in My Class!* and the *Young & Special Leader's Guide.* (See Section VI in Session Two, p.10.)

A reduced version of the overhead content, a paragraph or two of supplemental information and space for additional notes are provided on a sheet that accompanies each overhead in the "Attitudes Toward Disabilities: Historical Perspectives" series in the Instructor Packet. Instructors are encouraged to use these sheets to guide and expand the discussion during the presentation of the overhead transparencies.

Module Flow Guide

(Two 2-hour sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. Welcome	Introductions	Student packet	15 min.
II. Highlight objectives & answer questions	Group review	Student objectives	5 min.
III. What is mainstreaming?	Choose one: • Feelings & Beliefs Questionnaire or • Helen Keller activity Lecture	HO-Feelings & Beliefs Questionnaires Helen Keller pages Overhead projector OT-What is it? (mainstreaming)	30 min.
IV. Public attitudes & historical perspecitves	Lecture Group discussion	Overhead projector OT series-Attitudes Toward... HO-Stereotypic Roles... OT-Practices that Interfere...	25 min.
V. Legislation	Lecture	Overhead projector OT-Landmark Legislation HO-Major Provisions ... (P. L. 102-52) HO-Major Provisions ... (P. L. 101-336)	30 min.
Session Two			
VI. Not in My Class!	Video Group discussion	VCR, monitor Video: *Not in My Class!* *Young & Special Leaders' Guide*	50 min.
VII. Benefits & barriers to mainstreaming	Lecture Group discussion	HO Series-Positive Effects ... Overhead projector OT-Barriers to Providing Quality...	30 min.
VIII. Review attitudes questionnaire	Group discussion	HO-Feelings & Beliefs Questionnaire	15 min.
IX. Commitment to mainstreaming	Assignment	Choose one Assignment— • Mainstreaming Policy Statement • Strategies for Communication	15 min.
X. Wrap-up	Group discussion		5 min.

Student Objectives

FOCUS

The policies established in the Individuals with Disabilities Education Act represent landmark legislation for children. Broadly defined, this act upholds the rights of children with disabilities, birth through five, to: free and appropriate education, special services tailored to meet individual needs, and services designed to maximize each individual's developmental potential. Care providers for young children with disabilities have a responsibility to work with others, including the child's family, to support these rights.

Awareness

Participate in an activity that examines one's own feelings and beliefs about handicaps and integration.

Examine the historic roles of the family and the social and political events that have impacted public attitudes toward disabilities.

Consider the stereotypic roles that have often been assigned to people with handicaps.

OR

Discuss five practices that interfere with positive attitudes toward persons with disabilities.

Knowledge & Skills

State definition of mainstreaming.

Describe three major provisions of the Individuals with Disabilities Education Act and the intent of the Americans with Disabilities Act.

State benefits of integration for children, teachers, families and community.

Identify barriers to providing quality care in mainstreamed settings.

Describe strategies for communicating a commitment to integration to each of the following groups:

- parents.
- community.
- other teachers and caregivers in your child care program.

OR
Develop a written policy statement for a child care program describing a philosophy supporting the principle of mainstreaming.

Optional
Describe the social, educational and legal rationale for integration.

Identify at least three examples of preschool integration and describe any that could work in your community.

Describe seven essential components of a successful integration program.

Instructor Outline

I. Welcome

Introduce yourself: include background and interest in teaching the course. Have students introduce themselves and tell whether they have had experience teaching or knowing a person with disabilities.

II. Highlight objectives and answer questions

Students have copies of objectives before them. Ask if there are any questions about them.

III. What is mainstreaming?

Choose one of the following activities to help students examine their own feelings and beliefs about handicaps and integration:

Have students complete one of the following questionnaires from the *Student Handbook*:

Feelings and Beliefs About Disabilities (p. 5).
Feelings and Beliefs About Integration (p. 6).

Ask students to keep their questionnaires so that the class as a whole can discuss the items at the end of the module.

OR

Introduce The Helen Keller Activity (S. Maze-Hsu). Divide participants into two groups. Give one group a sheet of paper with the name Helen Keller written at the top. Ask the group to write down words that describe this person. Do not let the other group know what the paper says. Give the second group a piece of paper with the words deaf and blind written at the top. Ask this group to write down their perceptions of a person these words might describe. Do not let the first group know what the paper says. Compare the two lists and discuss how we associate limitations and prejudices with developmental disabilities. Discuss the importance of the words we choose to describe disabilities and how they affect our attitudes. Examples: "He's a Mongoloid" vs. "He has Down Syndrome." Give other examples.

Helen Keller	Deaf and Blind
achiever	isolated
courageous	dependent
angry	hard to teach
fighter	pathetic
strong	needy
heroic	silent
eager to learn	frustrated

Describe the difference in the terms "mainstreaming" and "integration." Use the Overhead Transparency about mainstreaming entitled "What is it?"

"Mainstreaming" and "integration" both refer to providing children who have disabilities opportunities to interact with and learn beside children who do not have disabilities.

Mainstreaming means including a few children with special needs in a group of mostly non-handicapped children. The children with special needs are, in other words, "brought into the mainstream of life."

Integration is sometimes used to mean including a few children who do not have disabilities in a group of children who do have disabilities.

In this class, the terms are used interchangeably.

IV. Public attitudes & historical perspectives

Use the Overhead Transparency Series, "Attitudes Toward Disabilities: Historical Perspectives."

To gain a better understanding of the trends in services for children with disabilities, it is helpful to step back in time and consider the attitudes toward children in general and toward disabilities. During the 1500s, 1600s and 1700s, the major concerns of people included the challenge of survival, the high mortality rate, the harsh living conditions. There was a lack of knowledge about human development and little consideration was given to persons with disabilities.

It was not until the 1800s that any real attention was paid to persons who were needy or disabled. The services at this time were frequently intended to shelter and protect the handicapped (Howard, 1984).

Early in the 20th Century, we saw a shift in sentiment toward persons with disabilities. That they were seen as a menace to society was largely a result of the isolation and poor care they experienced in the institutions that had been established in the years before. Public fear and ignorance were so widespread that new laws were passed that prohibited marriage of persons with handicaps and mandated their sterilization. Institutions became larger and residents were segregated by sex.

But the study of children as a science was also emerging, and the work of great theorists such as Alfred Binet, Maria Montessori, Jean Piaget and Erik Erikson was begun. People were considering the similarities in the way children learned and developed, as well as the differences among them.

When the World Wars were over and the injured soldiers returned home, people developed a new compassion for persons with disabilities. They began to rethink the practice of isolation and segregation on many fronts. The past decades have brought movements of major social reform including the civil rights movement, the women's equal rights movement, and in recent years, the passage of federal legislation protecting the rights of persons with disabilities (Cook, 1987).

Select one of the following activities:

Ask the group to think of examples of how various stereotypic roles have been assigned to people with handicaps. Use the Handout "Stereotypic Roles Given Persons with Handicaps" as a guide (*Student Handbook*, p. 7).

OR

You may want to brainstorm with the group practices that interfere with positive attitudes toward persons with disabilities. Refer to the

Overhead Transparency "Practices that Interfere with Positive Attitudes Toward Persons with Disabilities."

V. Legislation

Briefly describe legislation that laid the groundwork for providing early intervention services to children with special needs. Refer to the Overhead Transparency, "Landmark Legislation Supporting Integration of Children with Special Needs."

Four major acts of Congress:

1. *An amendment to the Economic Opportunity Act of 1972 required that all Head Start programs make 10 percent of their funded enrollment slots available to children with handicaps.*
2. *In 1975, Public Law 94-142, called the Education for All Handicapped Children Act, was enacted. This guaranteed to all children with handicaps the right to education that is free and appropriate, that takes place in the least restrictive environment and that meets their individual needs.*
3. *Public Law 94-142 was amended in 1986 with new legislation, Public Law 99-457, (now called the Individuals With Disabilities Education Act) that encourages states to develop and implement early intervention services for handicapped and at risk children birth through five, and their families.*
4. *The Americans With Disabilities Act (Public Law 101-336) provides a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities by prohibiting discrimination in employment, public services, public accommodations and transportation.*

List and define key components of the Individuals with Disabilities Education Act and the Americans with Disabilities Act. Refer to the Handouts, "Major Provisions of the Individuals with Disabilities Education Act" and "Major Provisions of the Americans with Disabilities Act" (*Student Handbook*, pp. 8-9).

VI. "Not in My Class!"

Introduce and show the video, *Not in My Class!* You may want to use as an introduction the following adaptation of the summary from the *Young & Special Leader's Guide:*

> *In the following video, we hear from two experts on preschool mainstreaming. One is a researcher named Dr. Michael Guralnick and the other is a teacher with 20 years of mainstreaming experience, Eleanor Lewis. You will also meet parents of mainstreamed preschoolers and an adult who has multiple disabilities who talk about their personal experiences with mainstreaming.*

Lead a discussion about key concepts presented in the video. Review Part III on page 8, "Discussing the Issues," in the *Young & Special Leader's Guide* and select discussion questions appropriate for your group, for example questions 3,10, 11, 23, and 25.

VII. Benefits & barriers to mainstreaming

Encourage students to react to each of the following myths. What do they think really happens? Read the myths aloud.

> *Many myths exist about integrating children with and without disabilities. These include:*
>
> 1. *Children with disabilities always misbehave. [They rarely exhibit any more challenging behaviors than their non-disabled peers.]*
> 2. *Non-disabled children persist in copying inappropriate behaviors that disabled children exhibit. [This rarely happens.]*
> 3. *Non-disabled children reject children with disabilities. [Children may ask questions about those who are different from themselves, but rarely have preconceived prejudices.]*
> 4. *Children with and without disabilities automatically get along with each other. [It cannot be said that any children will automatically get along. That children with and without disabilities are together does not mean that they will interact. A teacher may need to facilitate this.]*
> 5. *Children who have disabilities will take up more*

teacher time than other children. [Not true. Encouraging independence is often a goal for children who have disabilities.]

Brainstorm benefits of integration for families and children. Refer to the Handout Series "Positive Effects of Mainstreaming" (*student Handbook,* p. 10-12).

Brainstorm barriers to providing quality care in mainstreamed settings. Refer to the Overhead Transparency "Barriers to Providing Quality Care in Mainstreamed Settings."

VIII. Review attitudes questionnaire

If they completed a questionnaire during the first session, consider asking students to volunteer any changes they would make in the their previous responses. Encourage questions and discussion.

IX. Commitment to mainstreaming

Assign students to develop a written policy statement for a child care program describing a philosophy supporting the principle of mainstreaming. Refer students to the assignment sheet "Mainstreaming Policy Statement" (*Student Handbook,* p. 16).

Sample Policy Statement

Good child care programs get better when they include children with a wide range of interests, abilities and experiences. (*The child care program*) supports the right of children with disabilities to grow and learn alongside their non-disabled peers. Integrating children with and without disabilities in the classroom increases the opportunities for both to learn about and accept individual differences.

OR

Ask students to develop strategies for communicating a commitment to integration to the following people: parents, community, and other teachers and caregivers in the child care program. Refer students to the assignment sheet "Strategies for Communicating a Commitment to Integration" (*Student Handbook,* p. 17).

Examples of Strategies for Communicating a Commitment to Integration

To Parents:

- Include information in parent conferences or as part of an orientation to all parents before children are enrolled.
- Include special needs as a topic for discussion in parent groups.
- Encourage parents of children with special needs to provide feedback about it and about how their needs can be best met within the parent group.
- Make sure the classroom reflects the rich diversity of our culture by displaying pictures of different races, sexes, ages and abilities.

To the Community:

- Include stories about successful integration in the newsletter.
- Invite local media to do a special story about your integrated program.
- Develop relationships with other agencies serving young children.
- Advocate for inclusion of children with special needs in all aspects of community living.

To Other Teachers and Caregivers in Your Program:

- Invite others to observe or participate in your classroom activities.
- Provide inservice training on integration to other staff.
- Increase your own skills related to serving children with special needs.
- Make sure the classroom environment meets the individual needs of all children.

[Source: Day Care Inservice Training Project, 1989-1992]

X. Wrap-up session & answer any questions

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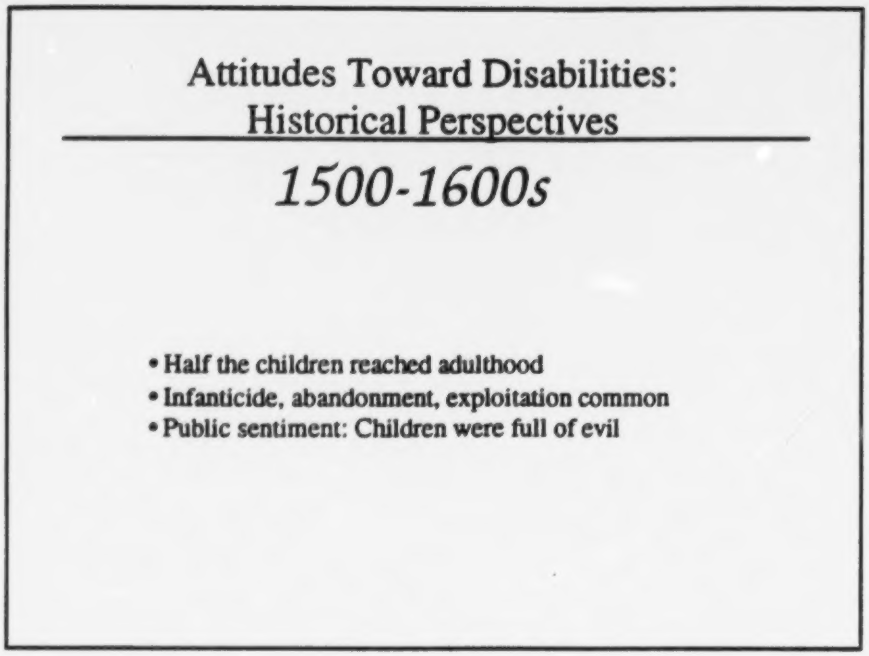


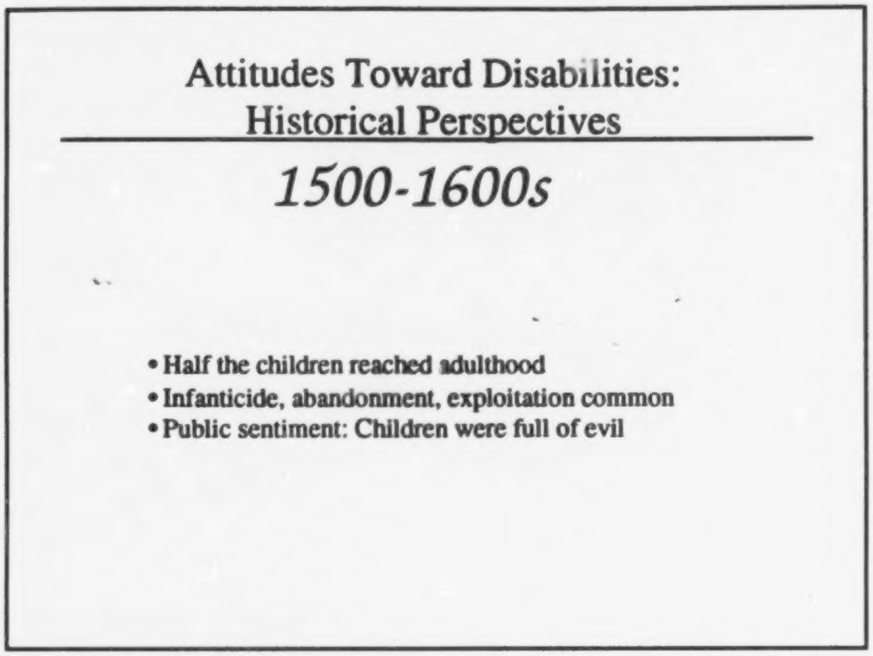
Attitudes Toward Disabilities:
Historical Perspectives

1500-1600s

- **Half the children reached adulthood**
- **Infanticide, abandonment, exploitation common**
- **Public sentiment: Children were full of evil**

Attitudes Toward Disabilities:

Instructor Packet



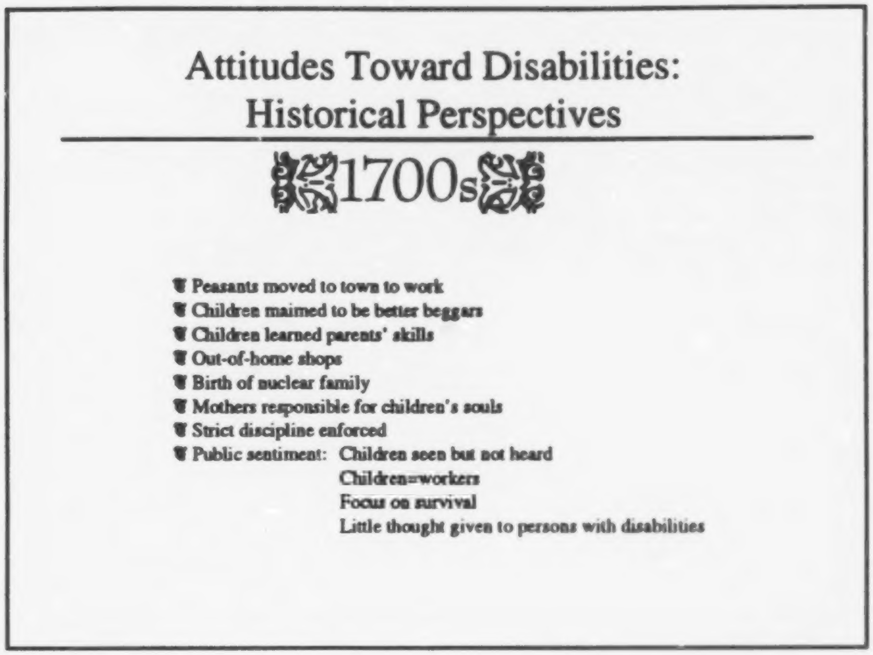
Attitudes Toward Disabilities:
Historical Perspectives

1500-1600s

- Half the children reached adulthood
- Infanticide, abandonment, exploitation common
- Public sentiment: Children were full of evil

Attitudes Toward Disabilities: Historical Perspectives

During the 1500-1600s, people spent much of their time just trying to stay alive—obtaining food and clothing, maintaining dwelling places, fighting illness. Infant and child mortality was quite high; life expectancy was short for all persons. Children were abused and though to be evil.



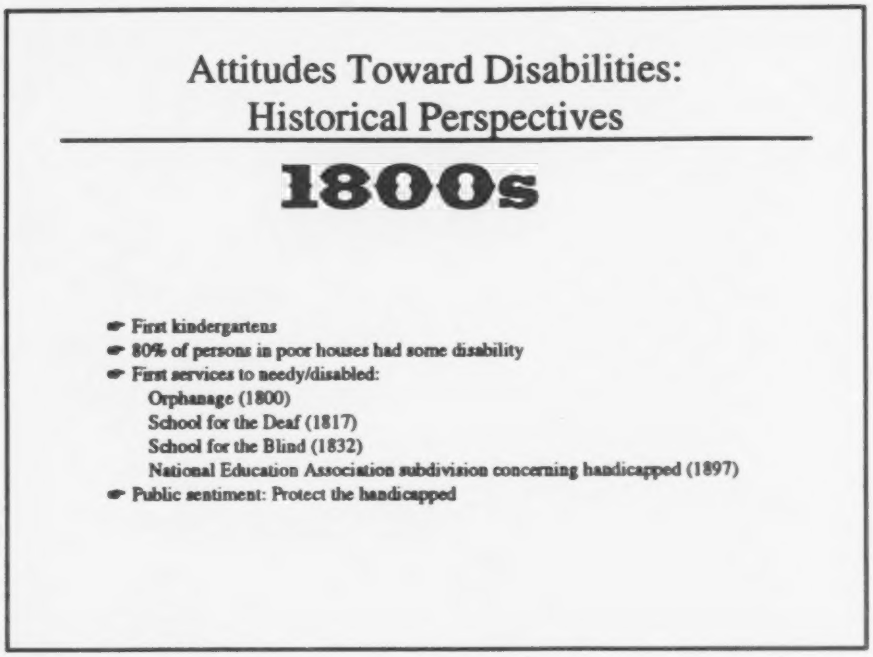
Attitudes Toward Disabilities: Historical Perspectives

1700s

- Peasants moved to town to work
- Children maimed to be better beggars
- Children learned parents' skills
- Out-of-home shops
- Birth of nuclear family
- Mothers responsible for children's souls
- Strict discipline enforced
- Public sentiment: Children seen but not heard
  - Children=workers
  - Focus on survival
  - Little thought given to persons with disabilities

Attitudes Toward Disabilities: Historical Perspectives

The first out-of-home shops appeared as persons skilled in specific trades began to sell their services and wares. Mothers were left at home with their young children while the fathers and older children worked in the shops and community. Children were exploited and valued mainly for their ability to work



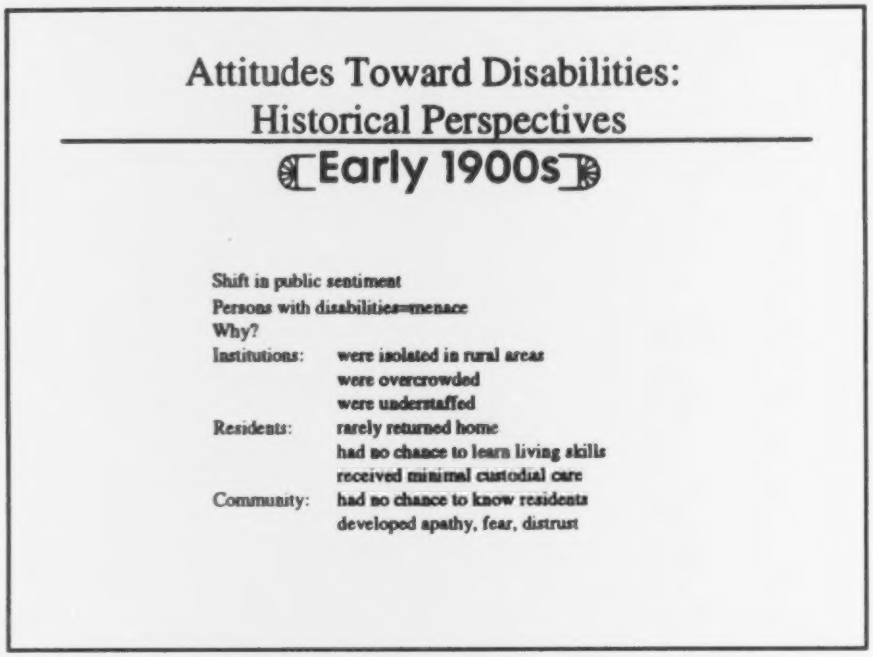
Attitudes Toward Disabilities: Historical Perspectives

1800s

- First kindergartens
- 80% of persons in poor houses had some disability
- First services to needy/disabled:
    - Orphanage (1800)
    - School for the Deaf (1817)
    - School for the Blind (1832)
    - National Education Association subdivision concerning handicapped (1897)
- Public sentiment: Protect the handicapped

Attitudes Toward Disabilities: Historical Perspectives

Society began to see a need for housing and protecting persons with disabilities. Institutions were opened for some populations and for the first time, people acknowledged that children and adults with handicaps needed some special services.



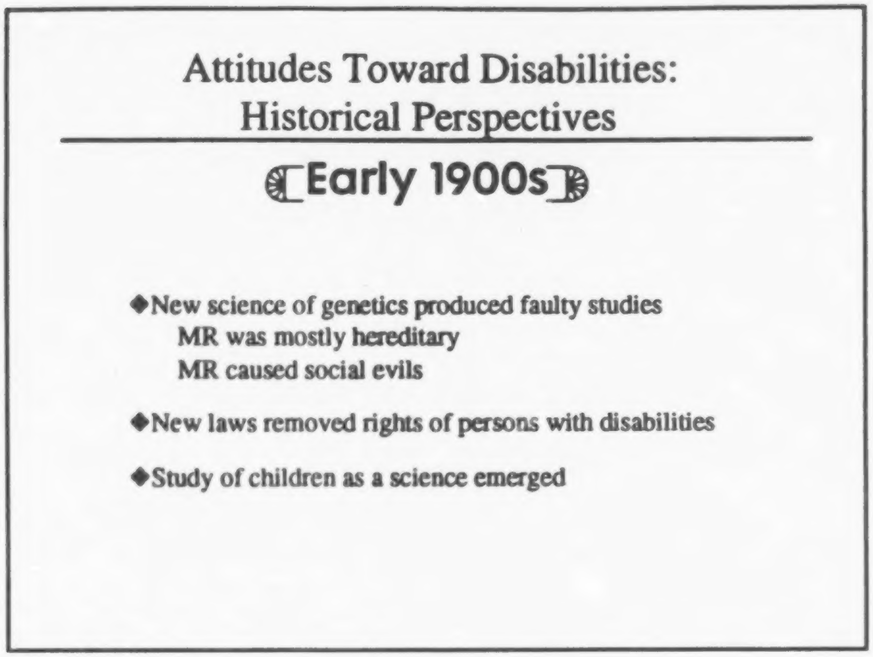
Attitudes Toward Disabilities:
Historical Perspectives

Early 1900s

Shift in public sentiment
Persons with disabilities=menace
Why?
Institutions: were isolated in rural areas
were overcrowded
were understaffed
Residents: rarely returned home
had no chance to learn living skills
received minimal custodial care
Community: had no chance to know residents
developed apathy, fear, distrust

Attitudes Toward Disabilities: Historical Perspectives

The isolation of people in institutions widened the gap between persons with disabilities and the rest of society. People began to fear persons with disabilities. It was convenient to think that they were best served behind “protective” walls of the institution—out of sight, out of mind.



Attitudes Toward Disabilities:
Historical Perspectives

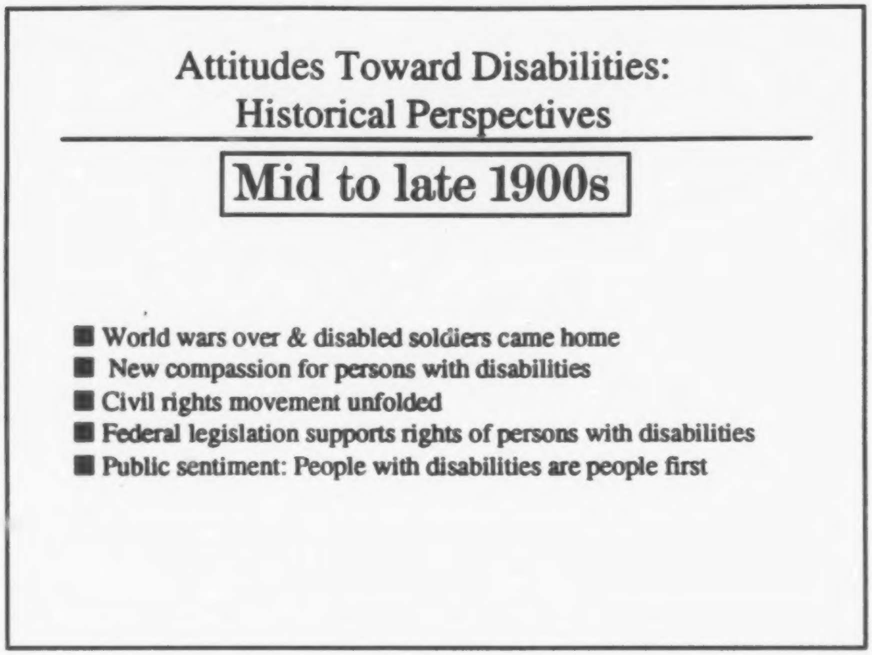
Early 1900s

- New science of genetics produced faulty studies
  - MR was mostly hereditary
  - MR caused social evils
- New laws removed rights of persons with disabilities
- Study of children as a science emerged

Attitudes Toward Disabilities: Historical Perspectives

Educators, doctors, and psychologists began to study disabilities, particularly mental retardation. The institutions provided easy access to subjects for such studies. As with any new science, mistakes were made, in some instances resulting in the passage of laws such as the one that mandated the sterilization of persons with disabilities.

The work of other scientists focused on the study of child development. Persons such as Jean Piaget and Maria Montessori began their famous contributions to the field at this time.



Attitudes Toward Disabilities:
Historical Perspectives

Mid to late 1900s

- World wars over & disabled soldiers came home
- New compassion for persons with disabilities
- Civil rights movement unfolded
- Federal legislation supports rights of persons with disabilities
- Public sentiment: People with disabilities are people first

Attitudes Toward Disabilities: Historical Perspectives

A number of developments helped reshate society's view of disabilities. Foremost was the return of world war soldiers who had become disabled and needed assistance. Recent years have produced the passage of sweeping civil rights legislation for all persons with disabilites, such as the Americans with Disabilities Act.

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Student Packet

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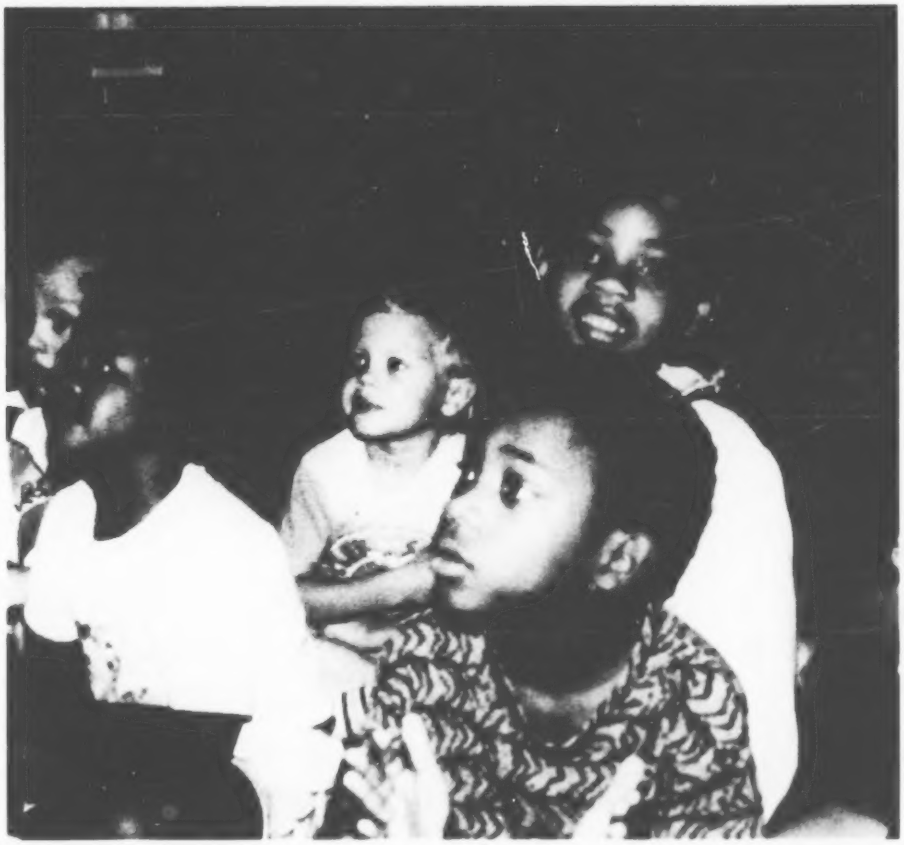

Then and Now: Why Mainstream?

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Module Flow Guide

(Two 2-hour sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. **Welcome**	Introductions	Student packet	15 min.
II. **Highlight objectives & answer questions**	Group review	Student objectives	5 min.
III. **What is mainstreaming?**	Choose one: • Feelings & Beliefs Questionnaire or • Helen Keller activity Lecture	HO-Feelings & Beliefs Questionnaires Helen Keller pages Overhead projector OT-What is it? (mainstreaming)	30 min.
IV. **Public attitudes & historical perspecitves**	Lecture Group discussion	Overhead projector OT series-Attitudes Toward… HO-Stereotypic Roles… OT-Practices that Interfere…	25 min.
V. **Legislation**	Lecture	Overhead projector OT-Landmark Legislation HO-Major Provisions … (P. L. 102-52) HO-Major Provisions … (P. L. 101-336)	30 min.
Session Two			
VI. **Not in My Class!**	Video Group discussion	VCR, monitor Video: *Not in My Class!* *Young & Special Leaders' Guide*	50 min.
VII. **Benefits & barriers to mainstreaming**	Lecture Group discussion	HO Series-Positive Effects … Overhead projector OT-Barriers to Providing Quality…	30 min.
VIII. **Review attitudes questionnaire**	Group discussion	HO-Feelings & Beliefs Questionnaire	15 min.
IX. **Commitment to mainstreaming**	Assignment	Choose one Assignment— • Mainstreaming Policy Statement • Strategies for Communication	15 min.
X. **Wrap-up**	Group discussion		5 min.

Student Objectives

FOCUS

The policies established in the Individuals with Disabilities Education Act represent landmark legislation for children. Broadly defined, this act upholds the rights of children with disabilities, birth through five, to: free and appropriate education, special services tailored to meet individual needs, and services designed to maximize each individual's developmental potential. Care providers for young children with disabilities have a responsibility to work with others, including the child's family, to support these rights.

Awareness

Participate in an activity that examines one's own feelings and beliefs about handicaps and integration.

Examine the historic roles of the family and the social and political events that have impacted public attitudes toward disabilities.

Consider the stereotypic roles that have often been assigned to people with handicaps.
OR
Discuss five practices that interfere with positive attitudes toward persons with disabilities.

Knowledge & Skills

State definition of mainstreaming.

Describe three major provisions of the Individuals with Disabilities Education Act and the intent of the Americans with Disabilities Act.

State benefits of integration for children, teachers, families and community.

Identify barriers to providing quality care in mainstreamed settings.

Describe strategies for communicating a commitment to integration to each of the following groups:

- parents
- community
- other teachers and caregivers in your child care program.

OR
Develop a written policy statement for a child care program describing a philosophy supporting the principle of mainstreaming.

158

Optional

Describe the social, educational and legal rationale for integration.

Identify at least three examples of preschool integration and describe any that could work in your community.

Describe seven essential components of a successful integration program.

Feelings & Beliefs about Disabilities

1=Agree
2=Unsure
3=Disagree

1. Children with disabilities are more of a burden than a blessing. 1 2 3
2. We should protect children who have disabilities from taking even slight risks. 1 2 3
3. There is nothing you can do to help some children who are born with disabilities. 1 2 3
4. A child with disabilities needs to be hugged and kissed more than other children. 1 2 3
5. Children with special needs should not be in the same class as typically developing children. 1 2 3
6. When typically developing children play with children who have special needs, it is likely they will make fun of the children who have disabilities. 1 2 3
7. Handicapped children play best with other handicapped children. 1 2 3
8. If parents have a handicapped child and a typically developing child, it would be best for everyone if they sent the handicapped child to a special school. 1 2 3
9. Children with special needs require much more strict watching than other children. 1 2 3
10. It would be a good idea to establish separate communities for persons with disabilities so that they would not feel out of place. 1 2 3
11. Children who have disabilities cannot do very much without help. 1 2 3
12. Children with special needs cannot be taught very much. 1 2 3
13. It is not easy to love a child who has disabilities. 1 2 3
14. Parents who have children with disabilities are unlucky. 1 2 3

Adapted from a survey by Project Feed, Philadelphia, PA.

Feelings & Beliefs about Integration

1=Agree
2=Unsure
3=Disagree

1. Many of the things teachers do with regular children in day care are appropriate for children who have disabilities. 1 2 3
2. The needs of children who have handicaps can best be served through special, separate programs. 1 2 3
3. The behavior of a child with special needs generally requires more patience from the teacher than does the behavior of other children. 1 2 3
4. The challenge of being in a regular day care will promote the growth and development of the child with special needs. 1 2 3
5. The extra attention children with special needs require will take away from the other children. 1 2 3
6. Mainstreaming will foster understanding and acceptance of differences among people. 1 2 3
7. It is difficult to maintain order in a regular day care that contains a child with special needs. 1 2 3
8. The behavior of children with special needs will set a bad example for the other children. 1 2 3
9. Isolation in a special program has a negative effect on the development of children with special needs. 1 2 3
10. The child with special needs will probably develop skills more rapidly in a special day care program than in a regular day care program. 1 2 3
11. Integration of children with special needs will require major changes in regular day care procedures. 1 2 3
12. Most children with special needs are well-behaved in a regular day care. 1 2 3
13. The contact children in a regular day care have with children who have disabilities may be harmful. 1 2 3
14. Mainstreaming the child with special needs will help him or her be more independent. 1 2 3

Stereotypic Roles Given Persons with Disabilities

Pitiable & Pathetic	Fund-raising telethons encourage feelings of pity by demeaning and exploiting persons with disabilities. Characters in books and on T.V. are depicted as having "hearts of gold" which also elicits pity rather than genuine compassion. (Dickens' *Tiny Tim*).
An Object of Violence	There is an absence in books and media of a full range of roles for persons with disabilities. Sensationalizing violent assaults against persons with disabilities reinforces society's view of them as totally helpless and dependent. (*Wait Until Dark*).
Sinister & Evil	Authors sometimes exploit people's negative perceptions of physical disability by making the sinister character disabled. The more evil the character, the more ominous and foreboding the reference to the disability. (Captain Hook in *Peter Pan*, Long John Silver in *Treasure Island*).
Exotica or Atmosphere	People with disabilities have historically been displayed in "Freak Shows." Characters like the "blind man with a cup" are often included in movies and T.V. as background, which reduces persons with disabilities to the status of objects unless their characters are fully developed.
Super Crip	In order to be accepted and respected, super human qualities are assigned to persons with disabilities. (*Longstreet, Ironsides* on T.V.)
Fool	Comedians have often made fun of persons with disabilities, feeding into society's perceptions of certain disabilities as humorous —(jokes about deaf persons, blind persons; Mr. Magoo).
Bitter	Media often portray persons with disabilities as self-pitiers whose bitterness about their condition keep them from succeeding in life. (especially T.V. medical dramas).
Non-Sexual	Too often the sexual dimension is omitted from characterizations of people who are disabled. They are rarely shown in loving relationships at all.
Burden	Society sometimes perceives that a family would not have been given a handicapped child if they were not strong enough to handle the "burden". Sometimes it is believed that a parent must have done something wrong at some time causing God to "punish" the family with the birth of a handicapped child.

Source: Interracial Books for Children, *Bulletin*, Vol. 8, N. 677, 1977.

Major Provisions of the *Individuals with Disabilities Education Act* (P. L. 102-119)

Extends free public school education to age 3 years for children with disabilities.

Creates early intervention services for infants and toddlers (ages birth to 3 years) with special needs and their families.

Locates and identifies children with special needs.

Provides a non-discriminatory, multidisciplinary evaluation by qualified professionals.

Provides related services, including transportation and such supportive services as are required to assist a child to benefit from special education.

Assures parental involvement and consent in all aspects of the educational process.

Assures confidentiality of records.

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Positive Effects of Mainstreaming

For families of children with special needs:

1. More positive attitudes may develop toward the child who has handicaps.
2. The mainstreamed setting provides a "real world" perspective for interpreting the child's accomplishments and failures.
3. The family's knowledge of typical child development may improve.
4. The mainstreamed setting provides parents of handicapped children a chance to see chronologically age-appropriate activities.
5. They may develop an improved perception of themselves as parents.
6. They may not feel so socially isolated.

For families of typically developing children:

1. The mainstreamed setting provides a concrete opportunity for teaching their children about differences in growth and development.
2. Families of nonhandicapped children may develop a greater understanding of persons with handicaps.
3. They may become more sensitive to the needs of families with children who have disabilities.
4. They may become future advocates for community integration.

Bailey, D. B. & Winton, P. J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education, 7*(1), 73-88.

Positive Effects of Mainstreaming

For teachers:

1. They may develop positive and realistic attitudes toward mainstreaming as a result of their experience.
2. They receive additional training that will help them with all children, for example on how to enhance social interactions.
3. They receive the personal satisfaction of helping all different types of children to make progress and to become friends.
4. They may gain an additional teaching assistant in the classroom.

For community:

1. Mainstreaming maximizes the potential of all children and helps those with handicaps to become productive members of society.
2. Providing intervention early in a child's life saves money in the long run because disabilities can be remediated to varying degrees, enabling the children to be more independent.

Bailey, D. B. & Winton, P. J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education, 7*(1), 73-88.

Rationale for Integrating Children with Disabilities

I. Social

Children with disabilities need to be around their non-disabled peers in order to learn skills that will help them get along in the world. Children without disabilities can learn a lot about themselves by being around children who have disabilities. They may, for example, increase their acceptance of others who are different from themselves.

II. Educational

When compared to special schools or classrooms, integrated educational programs offer broader options for children in play, use and variety of materials, interactions with other children and exploration of the environment.

III. Legal

People with disabilities have a right to living and educational opportunities within the mainstream, that is, in normal everyday settings with non-handicapped peers. Recent federal laws have guaranteed that public services that have always been offered to persons without disabilities must now be available to persons who have handicaps. Such services include day care for children.

Community Examples of Integrating Young Children

1. Head Start is mandated to reserve at least ten percent of its enrollment slots for children with disabilities.

2. Family day care homes in many communities have begun to serve children with special needs along with typically developing preschoolers. This is especially true for infants and toddlers.

3. Most Mental Health Agencies operate developmental day programs that have traditionally served children with special needs. Many of these programs have begun to integrate nonhandicapped children as part of their regular enrollment.

4. Many day care centers now serve children with special needs on a part or full-time basis. In some instances they have been serving children for a long time who have only recently been officially diagnosed as having special needs.

5. Before and after school programs, summer camps and community recreation programs are often attended by both children with and without disabilities.

Essential Components of a Successful Integration Program

1. The physical environment is free of barriers that limit or prevent access and mobility.

2. Staff are committed to the principle of integration and receive adequate ongoing training about integration practices.

3. Staff and families collaborate regularly in planning how to meet the individual needs of children.

4. A system is in place for communication with other agencies when needed to plan how to meet the individual needs of children and their families.

5. The developmental progress of children is assessed routinely and competently and the assessment results are used in planning individualized educational plans for children.

6. Teachers employ a variety of instructional strategies to meet the individual needs of children.

7. Teachers monitor the need to facilitate or enhance interactions between children with and without disabilities.

8. Transitions of children into or out of the program are planned thoughtfully, with attention paid to any need for providing children information about each other.

9. Children with disabilities are given support and assistance when needed in answering questions about themselves.

10. The rights of children and families to confidentiality is respected at all times.

11. A comprehensive system for evaluating the overall program is followed.

Mainstreaming Policy Statement

You are helping to prepare a handbook for your center that describes the center's policies and philosophy.

In the space below, write a short description of a philosophy supporting the principle of mainstreaming. In other words, state why mainstreaming is a good idea for your center.

Strategies for Communicating a Commitment to Integration

You and your co-workers are planning to develop specific strategies for letting people know about your center's commitment to integrating children with and without disabilities. Write down your ideas for each of the following groups. An example is provided.

Parents

Example: Include information about integration in parent conferences or as part of an orientation to all parents before children are enrolled.

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Community

Example: Include stories about successful integration in a newsletter.

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Teachers and Other Care Providers

Example: Invite co-workers to observe or participate in activities in your integrated classroom.

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____

Where to Go to Learn More

Brightman, A. (1983). *Ordinary moments: The disabled experience.* Baltimore, MD: University Park Press.

Brown, T., & Ortiz, F. (1990). *Someone special, just like you.* New York: Holt, Rinehart & Winston.

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Serious Emotional Disturbance

Characteristics & Early Warning Signs

- frequent mood swings
- hyperactivity
- irritability
- aggression to self or others (defiance, disruptiveness, self-injury)
- withdrawal or excessive fear
- inappropriate crying, tantrums
- social maladjustment (truancy, delinquency)
- learning problems
- distorted thinking, bizarre motor acts (in the case of psychosis or schizophrenia)
- problems with sleep & appetite

Instructor Packet

2

Abilities First:
Considering the Child with Special Needs

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Notes to Instructor

Prepare headbands for activity in Section VI of Session Two before class (p. 25).

Become thoroughly familiar with the video *Demystifying Special Education* and the *Young & Special Leader's Guide*. (See Section VIII in Session Three, p. 28.)

A reduced version of the overhead content, a definition of the disability, and space for additional notes are provided on a sheet that accompanies each overhead transparency in the "Characteristics and Early Warning Signs" series in the Instructor Packet. Instructors are encouraged to use these sheets to guide and expand the discussions during the presentation of the overhead transparencies.

Module Flow Guide

(Three 2-hour Sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	5 min.
II. Review typical child development	Child development skills activity Lecture Group discussion	HO Series–Child Dev. Skills HO–So Who's Normal?	40 min.
III. Getting to know the "whole" child	Lecture Group discussion Role plays Assignment	Flipchart/Blackboard Marker/Chalk Overhead projector OT–Six Areas … HO–A Guide for … HO Series–Checklists (0-60 Mos.)	1 hr.
Session Two			
IV. Types of developmental disabilities	Lecture Group discussion	Overhead projector OT–What is it? (developmental disability…) OT series–Characteristics & Early Warning Signs	50 min.
V. The limitations of diagnostic categories	Lecture Group discussion	HO–Limitations of Diagnostic Categories	15 min.
VI. The effects of labeling	Headband stigma activity	Prepared headbands Masking tape	30 min.
Session Three			
VII. Some basic concepts about developmental disabilities	Lecture Group discussion	Flipchart/Blackboard with concepts already written on it HO–Important Considerations …	50 min.
VIII. Demystifying Special Education	Video Group discussion	VCR, Monitor Video: *Demystifying Special Education* *Young & Special Leader's Guide*	50 min.
IX. Wrap-up	Group discussion		10 min.

Student Objectives

FOCUS

Development is continuous. Children achieve developmental milestones at different rates, usually across the same time period of several months. Intervention for children who have special needs or are delayed in achieving developmental milestones is most effective when warning signs are detected early and services are begun right away. Parents are important observers of their children and have critical information about their development.

Awareness

Participate in an activity that matches developmental milestones for major developmental areas with the age range in which they usually occur, birth through five years of age.

Participate in a parent interview role play.

Knowledge & Skills

Define what it means to be "at high risk" for developmental disabilities by describing a hypothetical situation.

Describe two strategies for getting to know the "whole" child.

Review six developmental areas often included on developmental checklists and give examples of skills in each area.

Use part of a developmental checklist to look at a young child's skills.

Review the definition of developmental disability.

Review characteristics and early warning signs of the following types of disabilities:

- mental retardation
- serious emotional disturbance
- hearing impairments
- visual impairments
- speech & language impairments
- orthopedic impairments
- specific learning disabilities

- autism
- traumatic brain injury
- other health impairments

Review the limitations of diagnostic categories and participate in an activity that highlights the effects of labeling.

Give examples that demonstrate an understanding of the following concepts about developmental disabilities:

1. Some disabilities can be diagnosed early in life while others may not be noticed until the child is older.

2. Many children with special needs have delays or disabilities that make them dependent upon others.

3. Many children with special needs have delays or disabilities that keep them from learning well on their own.

4. Some disabilities may interfere with how children interact with others and the environment. As a result, they may acquire an additional handicap.

5. Care providers should be aware of and sensitive to the child's and family's feelings in dealing with and accepting the child's special needs.

Identify issues deserving special consideration when a teacher suspects a child has a developmental disability.

Instructor Outline

I. Welcome

Highlight key concepts reflected in student objectives for this session. Answer any questions.

II. Review typical child development

Explain that it is helpful to review typical child development before taking a look at delays and disabilities. Divide the class into small groups of 4-5. Refer students to the Handouts "Child Development Skills" (*Student Handbook,* p. 23-31). Encourage students to select pages at random to study the lists and then decide which ages the skills represent: Birth–3 mos., 3–6 mos., 6–9 mos., 9–12 mos., 12–18 mos., 18–24 mos., 24–36 mos., 36–48 mos., or 48–60 mos.

Child Development Skills

Age Range	First Description Listed	New Development
Birth–3 mos.	eyes coordinated, blink at shadows, fast movement	regulation of states, (sleeping, waking, crying, sucking), awareness of environment
3–6 mos.	smiles spontaneously	
6–9 mos.	knows strangers from family members	mobility forward in space, "mama" & "dada"
9–12 mos.	gives affection	
12–18 mos.	shows sympathy for others	mobility forward & upward, negativism ("no"), ownership ("mine")
18–24 mos.	begins to separate more easily	independent exploration
24–36 mos.	may tantrum, but able to recover	self assertion, tries to "do it myself" fears, sleep problems, some cooperative play, sharing, good vocabulary
36–48 mos.	responds to limits with understanding	problem-solving, pride in self-care
48–60 mos.	is reponsive to many different feelings shown by others	anticipation of events across time, understands simple games

Review with the class the Handout "So Who's Normal?" (*Student Handbook*, p. 32). Ask students which child is developing in a typical way.

Although we can predict the sequence in which most children will acquire developmental skills, there is often variability in their rate of acquisition. Differences in children's personalities and environments can affect when a child achieves developmental milestones. Both Della and Joey are developing in a normal way even though they do different things at different times. Because of conditions prior to, during or even after birth, some children are considered to be "at-risk for developmental delays." Let's look at the description of three-day-old Joey. What circumstances can you think of prior to or during birth that would make Joey a "high risk" child?

Students may contribute information like the following:

- Joey's mother was only 14 years old?
- Joey weighed only 4 pounds at birth.
- Joey had trouble breathing when he was born and was given oxygen for two days.
- Joey was two months early.

It is important to monitor the health and developmental progress of children who are at-risk for delays in order to catch any problems they might have. In some cases, early intervention services are provided during the child's first years as a way of supporting typical growth and development.

III. Getting to know the "whole" child

As a care provider, you are responsible for the wellbeing of the children in your care. This responsibility begins with getting to know each child, not only in terms of what he or she can or cannot do, but in terms of the many different aspects of the child's life. Let's talk a moment about what it means to know the "whole" child.

Lead a discussion about the many aspects that make up the child's life and the impact that these factors have on the child. Ask students what they think would be important to know about a child in their care.

Write their ideas on a filpchart or blackboard.

Getting to Know the "Whole" Child

- Who constitutes the family with whom the child lives?
- Who else provides primary care for the child?
- What is the child's life like outside of day care?
- Does the child receive adequate clothing, shelter, food?
- Does the child live in a loving environment?
- Is the child healthy? Are there day-to-day changes in the child's health?
- Does the child ever show signs of abuse or neglect?
- What does the child like to do at home? At day care?
- What toys and materials does the child enjoy playing with?
- With whom does the child like to play at day care?
- What is the child's preferred daily routine?

Brainstorm with the students for strategies they can use to find out information similar to the above list and stress the importance of maintaining a current awareness of how the child is doing. Listen for opportunities to make the following points:

- *Start by getting to know the family of the child. Find time to talk with them regularly and encourage them to keep you informed about issues impacting the child. Let them know how valuable their knowledge and insights are to you as the child's care provider. Help them to feel a part of your program for the child.* [The next module will examine these concepts in detail.]

- *Observe the child daily. Start when the child arrives in the morning by checking to be sure the child is well. Have a one-on-one conversation with every child every day. Observe throughout the day what the child likes to do, with what and with whom. Notice the emergence of new skills and the mastery of old ones.*

Introduce the Overhead Transparency "Six Areas of Child Development." Point out the importance of becoming familiar with the strengths and needs of all children in the class. Encourage students to get into the habit of observing the child's skills in each of these areas on a regular basis. Ask students to think of an example of a skill in each area. Explain that these six areas of development are often included on developmental checklists.

Describe the purpose of using a developmental checklist as a guide in determining child progress.

> *We have discussed the importance of getting to know the whole child and of recognizing that parents know the child best. In order to find out more about a child's level of progress, it is critical that care providers ask the parents about their observations. Having a good idea about what a child can and cannot do makes it easier to plan meaningful and appropriate activities for the child at the child care center. If you are using a developmental checklist to determine a child's progress, be sure to ask parents to help you complete it.*

Explain that the next activity will involve a role play between a teacher and a parent. It will be helpful to describe the purpose of this activity as twofold: (1) it will give students practice gathering information about a child's developmental progress, and (2) it will help students begin to think about ways to convey positive attitudes, to be a good listener and to develop rapport with parents.

Explain that you will be dividing the class into small groups and asking for people to play the teacher and mother in each group. Ask the students to listen to the following scenario:

> *Maurice is a 22-month-old boy who has been in your classroom three weeks. Although at first he had trouble separating from his mother in the mornings, now he kisses her goodbye and joins the other children readily. He likes to be near his classmates and enjoys playing with cars, trucks and blocks alongside them. He has begun to spend more time in the Housekeeping area and occasionally will rock a babydoll in the rocking chair. He is a friendly, affectionate child who uses two-word combinations to describe what he sees or wants ("big truck," "all gone," "more milk"). You are completing a developmental checklist on Maurice and are interested in finding out what his self-help skills are like at home. His mother has agreed to meet with you at the center this afternoon to talk about Maurice.*

Divide the class into four or five small groups. Ask two students in each group to volunteer to role play this meeting between Maurice's mother and teacher. Stress that the purpose of the role play is not to assess students' knowledge about what developmental skills Maurice should or should not have at his age. Rather, it is hoped the exercise will be a chance for students to begin to get comfortable in a parent interview situation.

Refer to the Handout "A Guide for Role Play Observers" (*Student Handbook*, p. 33). Encourage those playing teacher and mother to refer to #12 for suggestions for content areas they may want to cover. Ask those students who will be the audience in each small group to keep the questions on the handout in mind as they observe the role play.

Begin the role plays. While they are going on walk around the room and observe how the activity is going. Notice how comfortable or uncomfortable the students seem with this activity. After several minutes, end the role plays.

Discuss how the interviews went. Did it seem to be a positive experience for teacher and parent? Refer to the questions on the handout. Advise students that future sessions will focus on working with families and will provide students with specific skills for successful communication.

Refer students to the ten "Checklists" covering birth–60 months in the *Student Handbook* (pp. 34-43). Assign students to use one of the developmental checklists as a guide in looking at a young child's skills. It is possible that some students can obtain permission to complete their checklist with a child in a family they know. Others may have children of their own. In some cases the instructor may need to help find a child through a lab school on campus or a day care center in the community. In any event, parents of the children should be asked permission in advance and assured that the purpose of the assignment is to give students some experience using a developmental checklist, that the child's name need not be used and that the student's observations will not be shared outside the class. Parents should always be made to feel comfortable if they choose not to participate.

NOTE: The purpose of this assignment is not for students to evaluate the child or to make a judgment about the child's developmental age. Rather, it is designed as an opportunity for the student to refer to a framework of age-appropriate skills while interacting with a young child. It is hoped the assignment will enhance the student's awareness of emerging skills and behaviors. ●

IV. Types of developmental disabilities

Refer to the Overhead Transparency "What is it?" to define developmental disability.

Using the series of ten Overhead Transparencies "Characteristics and Early Warning Signs", review the ten types of developmental disabilities and their characteristics. Encourage students to ask questions and share experiences they may have had with persons who have disabilities.

V. The limitations of diagnostic categories

Review the Handout "Limitations of Diagnostic Categories" (*Student Handbook*, p. 44). Lead a discussion about how important it is for a care provider to understand these limitations.

Although it is helpful to have names for the different types of disabilities it is critical that we do not assume that all children with one type of disability are alike. The Handout "Limitations of Diagnostic Categories," outlines some of the issues we should consider when we use a diagnosis to describe a child.

VI. The effects of labeling

Conduct the following activity that has been adapted from activities suggested in the *Young & Special Leader's Guide* for the video *"Demystifying Special Education."*

Before class, prepare strips of heavy construction paper to be used as headbands (about 3-4 inches wide and long enough to fit around an adult's head.) Have a couple of rolls of strong masking tape available. Write one of the following statements on each headband:

1. I bite people.
2. Tell me to talk more slowly.
3. I can't hear you.
4. Tell me to calm down.
5. You can't understand what I say.
6. I don't look well.
7. I can't see you.
8. I am a good student.
9. I never follow directions.

10. Keep praising me.
11. Use simple words when you talk to me.
12. I'm nice to everyone.
13. I wet my pants a lot.
14. I am very small for my age.

Place the headbands face down on a table in front of the room. Do not let the students read the headbands when they arrive for class.

Divide the class into two groups. Have the first group come forward and sit with their eyes closed. Ask the second group to put one headband on each person in the first group, using the masking tape. Do not tell the students wearing the headbands what they say.

Direct all students, those with and without headbands, to mill about and converse for ten minutes as though what was written on the headbands was true.

After ten minutes, ask students to stop their conversations but to keep their headbands on. Go around the room and have the students describe how they felt. Ask those wearing headbands what they think their headband says. Discuss the effect of responding to people on the basis of assumptions or a single factor. ●

VII. Some basic concepts about developmental disabilities

Discuss the implications of some basic concepts about developmental disabilities for the day care provider serving a child with special needs.

Ask the group to think of some examples of the following basic concepts about developmental disabilities. Write the concepts on a blackboard or flipchart ahead of time. For each, discuss the implications for the child care provider, such as the need for observation and documentation of child progress, the need for open communication with families, the importance of being aware of and respectful of the unique needs of families and the need to adapt the classroom environment to maximize learning and interactions.

About Disabilities

- Some disabilities can be diagnosed early in life (e.g., Down Syndrome, cerebral palsy, or spina bifida) while others may not be noticed until the child is older (e.g., hearing impairment, epilepsy, or autism).

- Many children with special needs have delays or disabilities that make them dependent upon others. (A young child with no vision would need the help of others as she learned methods of getting around and learning on her own. A child with cerebral palsy may always need help with self-care activities such as eating and dressing.)

- Many children with special needs have delays or disabilities that keep them from learning well on their own. (A child who cannot hear misses many of the environmental cues and certainly the language of others as he begins to learn about the world. Children with severe orthopedic disabilities may not be able to explore and manipulate the environment without a great deal of assistance.)

- Some disabilities may interfere with how children interact with others and the environment. As a result, they may acquire an additional handicap. (A child who has difficulty making himself understood or using expressive language may experience great frustration which could lead to acting-out behavior or withdrawal. Similarly, if a child's hearing problem goes undetected, the child's speech and language are sure to be affected.)

- Care providers should be aware of and sensitive to the child's and family's feelings in dealing with and accepting the child's special needs. (There may be differences in a family's feelings about handicaps that are more noticeable, such as Down Syndrome or cerebral palsy, and those that aren't, such as hearing impairments.)

[Source: Wolery, Strain, & Bailey, in press]

Ask the students to name some important considerations to keep in mind if they suspect a child in their classroom has a developmental disability. These considerations might include those listed on the Handout "Important Considerations When a Developmental Disability is Suspected" (*Student Handbook,* p. 45).

VIII. Demystifying Special Education

Introduce the video *Demystifying Special Education* using the following adaptation of the summary from the *Young & Special Leader's Guide:*

> *Two preschool programs are presented. One is an integrated (mainstreamed) preschool, and one has no children with special needs. You will not be told which is which until the end of the program. The video compares program philosophy, values and curriculum. When you watch the video, think about the effect child labels can have on teachers. Listen for ideas about self-fulfilling prophecies and homogeneous versus heterogeneous groupings.*

Lead a discussion about key concepts presented in the video. Review part III on page 8, "Discussing the Issues," in the *Young & Special Leader's Guide* and select discussion questions appropriate for your group, for example questions 2, 5, 6, 9, 10 and 21.

IX. Wrap-up session & answer any questions

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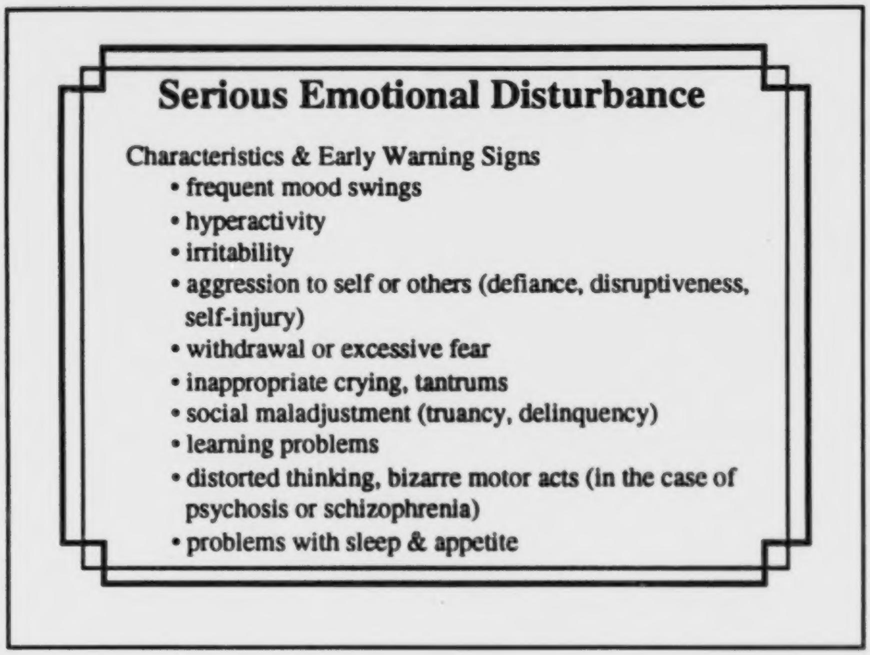


Serious Emotional Disturbance

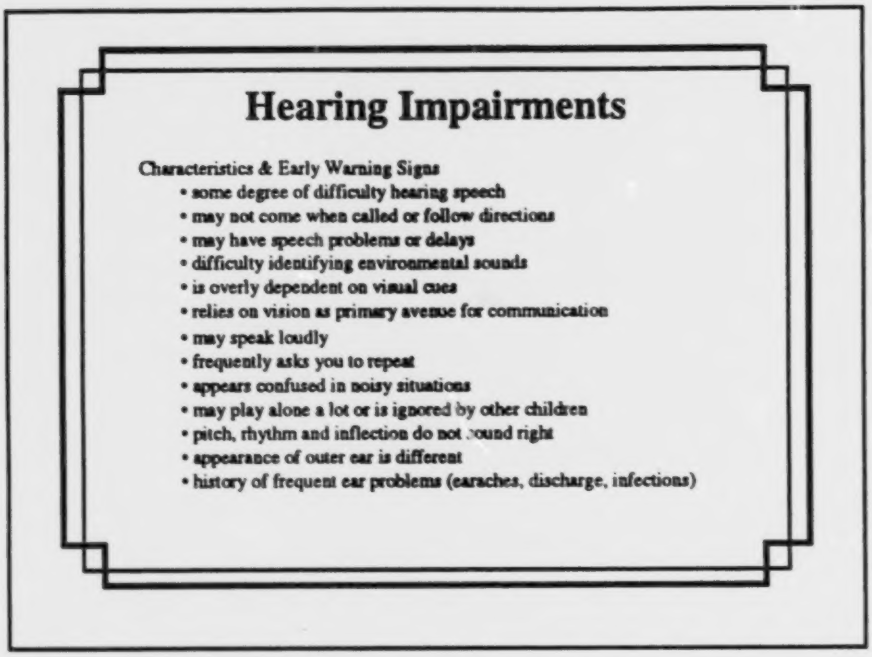
Characteristics & Early Warning Signs

- frequent mood swings
- hyperactivity
- irritability
- aggression to self or others (defiance, disruptiveness, self-injury)
- withdrawal or excessive fear
- inappropriate crying, tantrums
- social maladjustment (truancy, delinquency)
- learning problems
- distorted thinking, bizarre motor acts (in the case of psychosis or schizophrenia)
- problems with sleep & appetite

Serious Emotional Disturbance

A condition exhibiting one or more of the following characteristics over a long period of time which adversely affects educational performance:

- An inability to learn that cannot be explained by other factors
- An inability to keep satisfactory interpersonal relationships
- A general pervasive mood of unhappiness
- A tendency to develop physical symptoms or fears associated with personal or social problems.



Hearing Impairments

Characteristics & Early Warning Signs

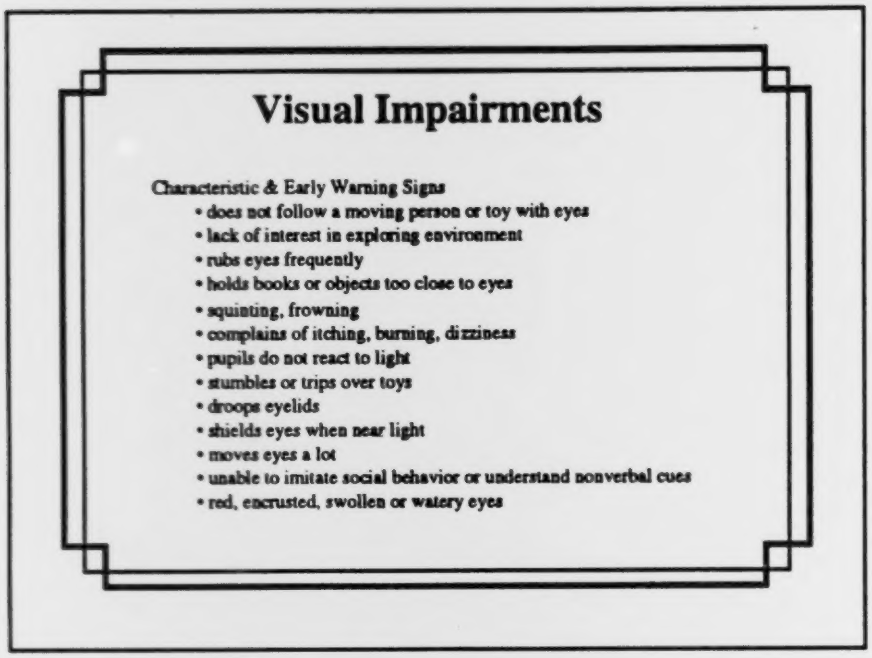
- some degree of difficulty hearing speech
- may not come when called or follow directions
- may have speech problems or delays
- difficulty identifying environmental sounds
- is overly dependent on visual cues
- relies on vision as primary avenue for communication
- may speak loudly
- frequently asks you to repeat
- appears confused in noisy situations
- may play alone a lot or is ignored by other children
- pitch, rhythm and inflection do not sound right
- appearance of outer ear is different
- history of frequent ear problems (earaches, discharge, infections)

Hearing Impairments

In deafness, hearing loss is so severe that the sense of hearing is non-functional.

Persons who are hard of hearing experience hearing that is outside the normal range, but functional.

Hearing impairments include varying degrees of decibel loss.



Visual Impairments

Characteristic & Early Warning Signs

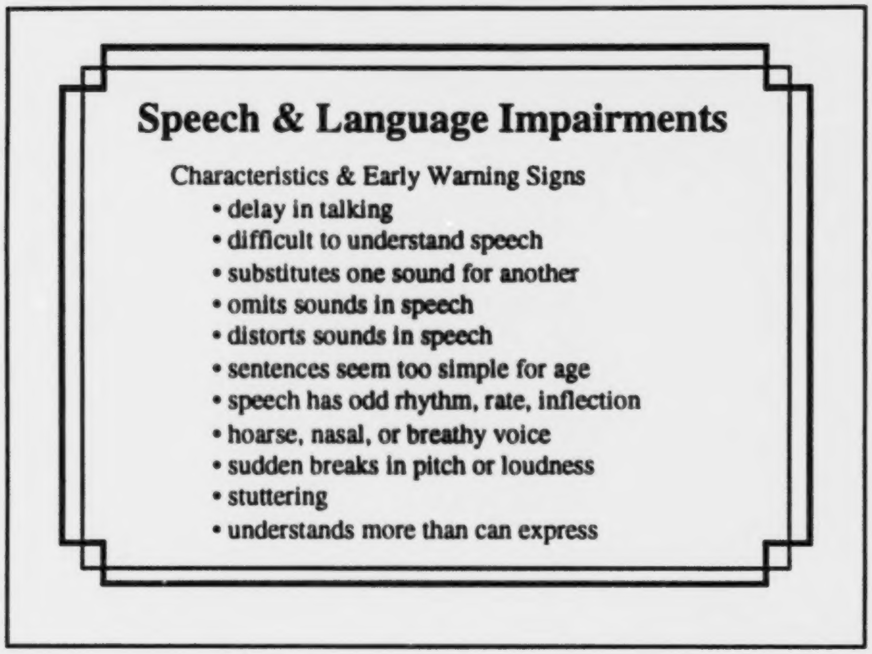
- does not follow a moving person or toy with eyes
- lack of interest in exploring environment
- rubs eyes frequently
- holds books or objects too close to eyes
- squinting, frowning
- complains of itching, burning, dizziness
- pupils do not react to light
- stumbles or trips over toys
- droops eyelids
- shields eyes when near light
- moves eyes a lot
- unable to imitate social behavior or understand nonverbal cues
- red, encrusted, swollen or watery eyes

Visual Impairments

Blindness refers to a condition with no vision or only light perception.

Low vision refers to limited distance vision or the ability to see only items close to the eyes.

There are many different types of visual impairments with varying degrees of vision loss.



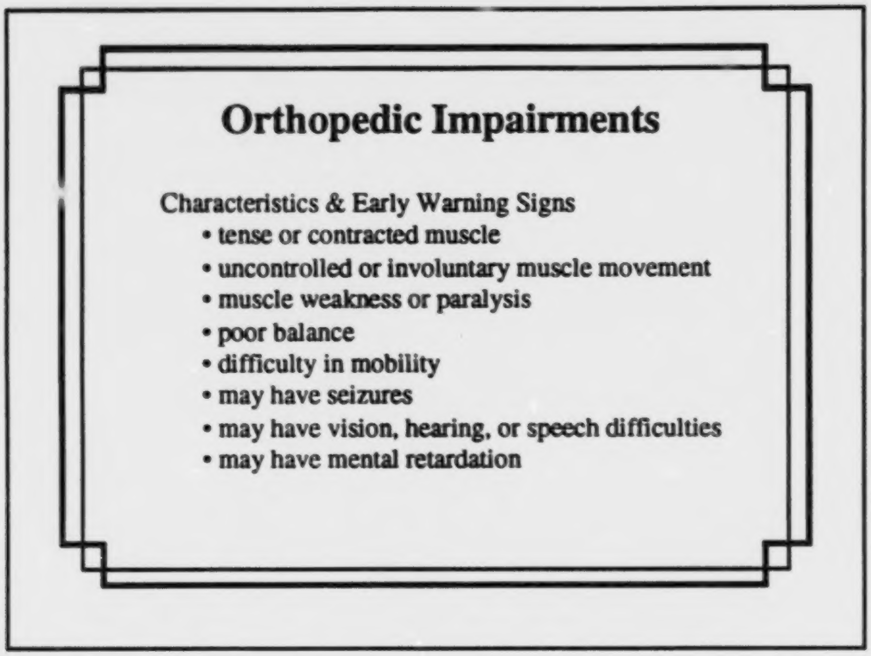
Speech & Language Impairments

Characteristics & Early Warning Signs

- delay in talking
- difficult to understand speech
- substitutes one sound for another
- omits sounds in speech
- distorts sounds in speech
- sentences seem too simple for age
- speech has odd rhythm, rate, inflection
- hoarse, nasal, or breathy voice
- sudden breaks in pitch or loudness
- stuttering
- understands more than can express

Speech & Language Impairments

Problems in communication include fluency, articulation, voice disorders and difficulty using words as a result of brain injury.



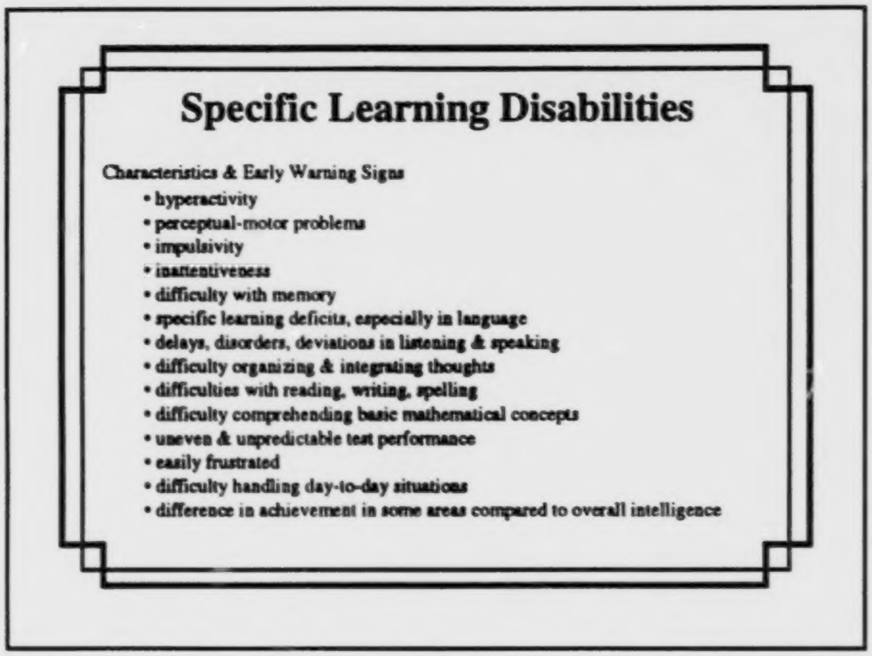
Orthopedic Impairments

Characteristics & Early Warning Signs

- tense or contracted muscle
- uncontrolled or involuntary muscle movement
- muscle weakness or paralysis
- poor balance
- difficulty in mobility
- may have seizures
- may have vision, hearing, or speech difficulties
- may have mental retardation

Orthopedic Impairments

Orthopedic or physical disabilities describe medical or structural conditions which may be serious enough to disrupt the child's development & require special attention in school. These include disabilities present at birth, (cerebral palsy, spina bifida), neurological problems and conditions that occur later in life (as a result of accidents, for example). Orthopedic impairments can be mild, moderate or severe.



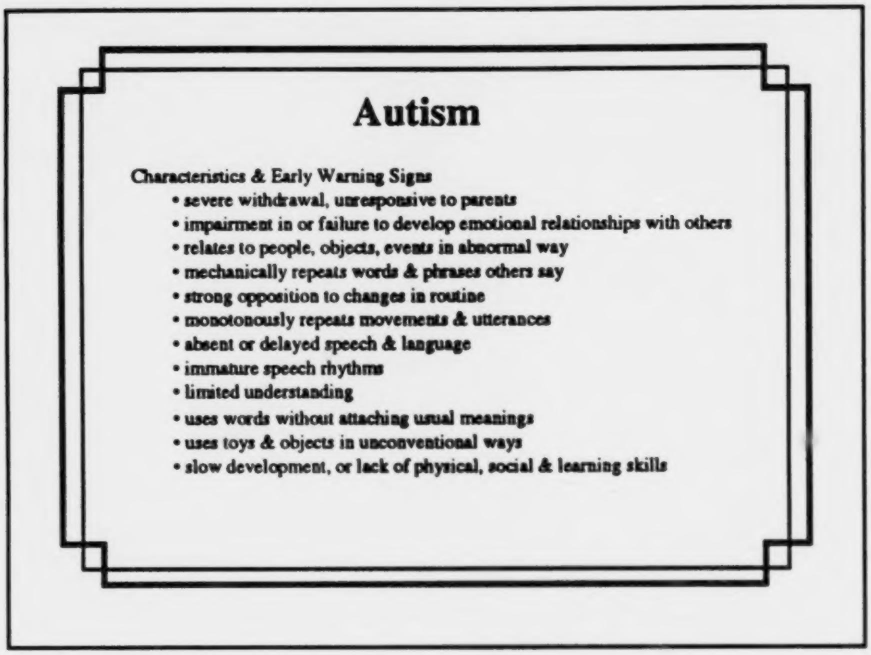
Specific Learning Disabilities

Characteristics & Early Warning Signs

- hyperactivity
- perceptual-motor problems
- impulsivity
- inattentiveness
- difficulty with memory
- specific learning deficits, especially in language
- delays, disorders, deviations in listening & speaking
- difficulty organizing & integrating thoughts
- difficulties with reading, writing, spelling
- difficulty comprehending basic mathematical concepts
- uneven & unpredictable test performance
- easily frustrated
- difficulty handling day-to-day situations
- difference in achievement in some areas compared to overall intelligence

Specific Learning Disabilities

A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written. It may manifest itself in an inability to listen, think, speak, read, write, spell or do mathematical calculations. They do not include problems that are the result of visual, hearing or motor impairments, mental retardation or environmental disadvantage.



Autism

Characteristics & Early Warning Signs

- severe withdrawal, unresponsive to parents
- impairment in or failure to develop emotional relationships with others
- relates to people, objects, events in abnormal way
- mechanically repeats words & phrases others say
- strong opposition to changes in routine
- monotonously repeats movements & utterances
- absent or delayed speech & language
- immature speech rhythms
- limited understanding
- uses words without attaching usual meanings
- uses toys & objects in unconventional ways
- slow development, or lack of physical, social & learning skills

Autism

Severely incapacitating developmental disability that usually appears during the first three years of life. It is a neurological or brain disorder in which behavior, communication and social interactions are the primary disabilities.

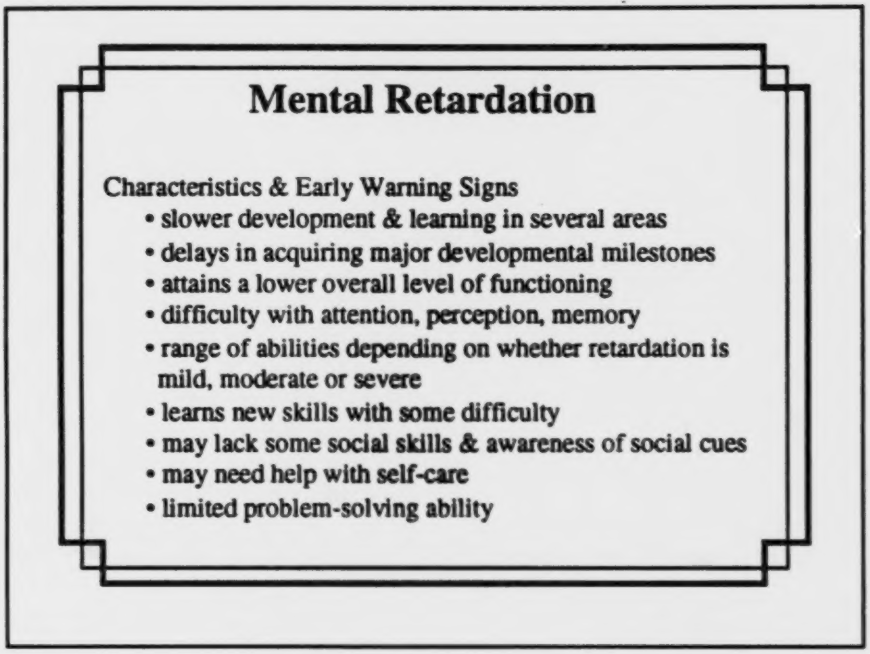
Other Health Impairments

Characteristics & Early Warning Signs

Symptoms vary according to the type of health condition present and the degree to which it affects an individual's functioning. Generally, chronic or acute health problems cause limited strength, vitality or alertness, and require regular medical monitoring and treatment.

Other Health Impairments

These include heart conditions, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia and diabetes.



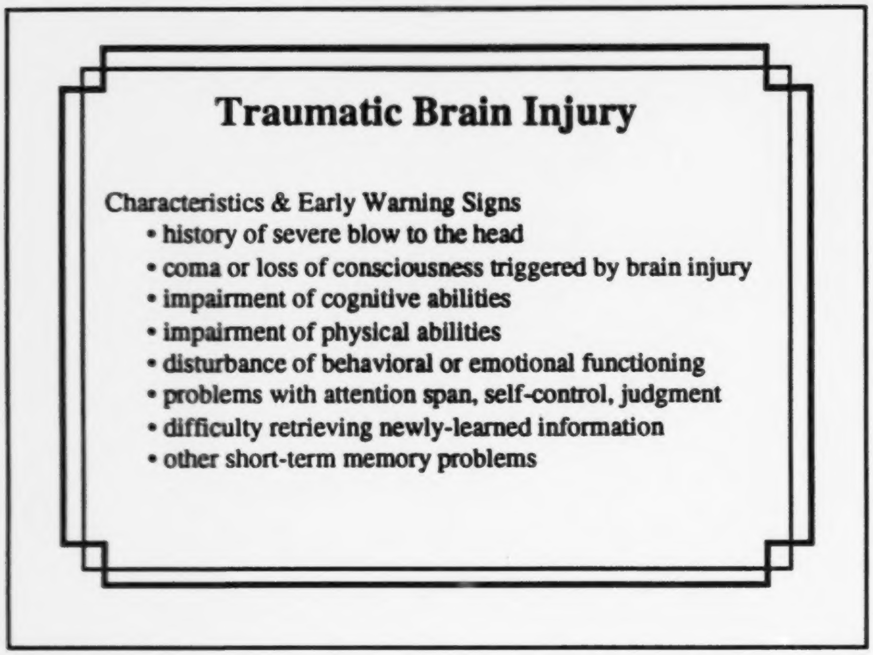
Mental Retardation

Characteristics & Early Warning Signs

- slower development & learning in several areas
- delays in acquiring major developmental milestones
- attains a lower overall level of functioning
- difficulty with attention, perception, memory
- range of abilities depending on whether retardation is mild, moderate or severe
- learns new skills with some difficulty
- may lack some social skills & awareness of social cues
- may need help with self-care
- limited problem-solving ability

Mental Retardation

Refers to significantly subaverage general intellectual functioning in or associated with impairments in adaptive behavior & is manifested during the developmental period.



Traumatic Brain Injury

Characteristics & Early Warning Signs

- history of severe blow to the head
- coma or loss of consciousness triggered by brain injury
- impairment of cognitive abilities
- impairment of physical abilities
- disturbance of behavioral or emotional functioning
- problems with attention span, self-control, judgment
- difficulty retrieving newly-learned information
- other short-term memory problems

Traumatic Brain Injury

An insult to the brain caused by an external physical force. The external force is one that may produce a diminished or altered state of consciousness.

2

Student Packet

2

Abilities First: Considering the Child with Special Needs

Module Flow Guide

(Three 2-hour Sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	5 min.
II. Review typical child development	Child development skills activity Lecture Group discussion	HO Series–Child Dev. Skills HO–So Who's Normal?	40 min.
III. Getting to know the "whole" child	Lecture Group discussion Role plays Assignment	Flipchart/Blackboard Marker/Chalk Overhead projector OT–Six Areas ... HO–A Guide for ... HO Series–Checklists (0-60 Mos.)	1 hr.
Session Two			
IV. Types of developmental disabilities	Lecture Group discussion	Overhead projector OT–What is it? (developmental disability...) OT series–Characteristics & Early Warning Signs	50 min.
V. The limitations of diagnostic categories	Lecture Group discussion	HO–Limitations of Diagnostic Categories	15 min.
VI. The effects of labeling	Headband stigma activity	Prepared headbands Masking tape	30 min.
Session Three			
VII. Some basic concepts about developmental disabilities	Lecture Group discussion	Flipchart/Blackboard with concepts already written on it HO–Important Considerations ...	50 min.
VIII. Demystifying Special Education	Video Group discussion	VCR, Monitor Video: *Demystifying Special Education* *Young & Special Leader's Guide*	50 min.
IX. Wrap-up	Group discussion		10 min.

Student Objectives

FOCUS

Development is continuous. Children achieve developmental milestones at different rates, usually across the same time period of several months. Intervention for children who have special needs or are delayed in achieving developmental milestones is most effective when warning signs are detected early and services are begun right away. Parents are important observers of their children and have critical information about their development.

Awareness

Participate in an activity that matches developmental milestones for major developmental areas with the age range in which they usually occur, birth through five years of age.

Participate in a parent interview role play.

Knowledge & Skills

Define what it means to be "at high risk" for developmental disabilities by describing a hypothetical situation.

Describe two strategies for getting to know the "whole" child.

Review six developmental areas often included on developmental checklists and give examples of skills in each area.

Use part of a developmental checklist to look at a young child's skills.

Review the definition of developmental disability.

Review characteristics and early warning signs of the following types of disabilities:

- mental retardation
- serious emotional disturbance
- hearing impairments
- visual impairments
- speech & language impairments
- orthopedic impairments
- specific learning disabilities
- autism
- traumatic brain injury
- other health impairments

Review the limitations of diagnostic categories and participate in an activity that highlights the effects of labeling.

Give examples that demonstrate an understanding of the following concepts about developmental disabilities:

1. Some disabilities can be diagnosed early in life while others may not be noticed until the child is older.

2. Many children with special needs have delays or disabilities that make them dependent upon others.

3. Many children with special needs have delays or disabilities that keep them from learning well on their own.

4. Some disabilities may interfere with how children interact with others and the environment. As a result, they may acquire an additional handicap.

5. Care providers should be aware of and sensitive to the child's and family's feelings in dealing with and accepting the child's special needs.

Identify issues deserving special consideration when a teacher suspects a child has a developmental disability.

Child Development Skills

The ________ Month-Old Child

eyes coordinated, blink at shadows, fast movement
looks into eyes of mother
eyes follow past midline
smiles responsively
has a bright, interested look at people and objects
recognizes mother
can be quieted by being picked up

listens to sounds and music, looks to locate
makes vowel sounds, ex: oo, ah, ee, uh
coos back in response to verbal interaction
may also vocalize independent of environment or persons
uses specific cries for specific needs
listens attentively to "talking"

on tummy, holds head at 45 degrees
when held in sitting, holds back and head erect, head unsteady
reaches for objects, may not grasp yet
hands together at midline, touching and feeling each other
retains objects in hand voluntarily
looks at rattle in hand, attention to sight and sound
takes hand to mouth
vigorous head turning
attentive 30-45 minutes at time

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

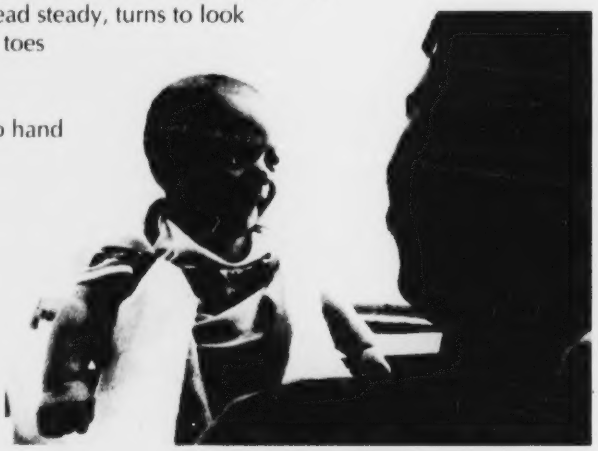
Child Development Skills

The _______ Month-Old Child

smiles spontaneously
demands attention
plays alone briefly
reacts to adult's intonation and emotion (happy/angry)
resists toy being taken away
holds up arms to be picked up
aware of strange situations, strangers

vocalizes moods, vocalizes spontaneously
imitates sounds
tries to imitate inflections
vowels begin to be sprinkled with consonants (b,m,p,d,v,th,s,n.)
varies volume, pitch and rate of utterances
babbles and becomes active during exciting sounds
squeals with excitement, giggles, belly laughs!

picks up object from flat surface
puts objects in mouth
on tummy, holds head 90 degrees; on forearms, chest off floor
when held in sitting, holds head steady, turns to look
on back, lifts legs, plays with toes
sits with slight support
reaches with one hand
transfers objects from hand to hand
holds own bottle
actively attempts rolling



Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The ________ Month-Old Child

knows strangers from family members
responds to mirror image with smile and cooing
displeased if toy taken away & very expressive about it
refuses to be distracted, shows persistence
very, very social

recognizes familiar words
stops, hesitates when told "no"
looks at book, picture for about 1 minute
imitates speech sounds
imitates environmental sounds, ex: choo-choo, beep-beep
says mama and dada *specific* to mother and father

rolls over
crawls actively (can even turn around)
pulls to stand and remains holding onto support
a little fearful of heights, aware of vertical space
from lying on back, can roll over and come to sit
sits independently
stands when held up

approaches small objects with two fingers, larger with both hands
plays with toys with both hands in midline
index finger begins to poke into small places
changes dimensions of objects by looking at them upside down
or with eyes partially covered
uncovers toys he has seen hidden
remembers games from day before
shakes rattles, bangs toys actively
may build tower of two blocks
can put small objects into large containers

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The ________ Month-Old Child

gives affection
waves bye-bye
wants mother to meet needs, fearful of strangers
plays cooperative games, ex: pat-a-cake, rolling ball back to you
holds out toy to you
repeats actions laughed at
begins to develop sense of humor
negativism increases, may refuse eating new foods
may develop tantrums
perceives objects and people as detached and separate
has play routines

imitates cough and tongue click
uses exclamations such as uh-oh, oops, aw, ow...
vocalizes to music
uses short sentence jargon, interjecting familiar words
says 4+ clear words in addition to mama and dada
shakes head for a definite "no," may say, "No!"

thumb opposition complete
can finger feed, usually insists on feeding self
drinks from cup which adult holds
eats semi-solid foods
removes shoes, socks, hats, shirts, diapers

crawls on all fours, even up stairs
cruises around furniture
stands momentarily without help

moves toys from one place to another
unwraps toys in cloth, finds toys hidden under boxes, etc.
imitates actions more deliberately and precisely
imitates from memory, does not need to have model present
flings objects in play
imitates stirring with spoon in cup
purposeful release to drop objects
removes lid from box
pushes toys along surface

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Child Development Skills

The _______ Month-Old Child

shows sympathy for others
begins to use pretend play, even when playing alone
hugs and loves doll and stuffed toys
gives physical cues for wanting closeness
defends possessions from peers and adults

recognizes photographs of self and family members
knows and answers to name
labels several objects spontaneously
follows simple directive, ex: bring me a diaper, kiss the doll
repeats 2 single words heard in conversation
points to 1 or 2 body parts of doll
selects 2 objects from a group of 4 objects upon request
imitative play continues to develop
likes rhymes and jingles

removes simple garment
may give up bottle
may indicate when wet or soiled

walks alone well, begins to stiffly run
climbs into low chair
loves to push wheel toys or large boxes
walks well with pull toy
walks up stairs holding onto rail

builds tower of 4 blocks
removes and replaces round piece in puzzle
scribbles freely, uses different colors of crayons
unwraps toy from cloth
plays pushing small cars
plays rolling a ball
tries to turn pages of a book

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Child Development Skills

The ________ Month-Old Child

begins to separate more easily from parent
able to overcome anger and become re-organized in play in a brief period (5-10 minutes)
verbally asks to be close physically ("Hug, please.")
involves others in pretend play
begins to "command" peers and adults to become involved or perform some tasks

understands simple request and commands
able to carry out 2-step command involving an object
carries on conversations with self and dolls
asks many questions
has a large vocabulary (250-300 words)
attentive to activity without supervision 5-10 minutes
can name several objects in a picture
listens to short stories accompanying pictures

handles cups and spoons well, still messy
squats in play
runs with skill
jumps off bottom step
kicks ball
throws ball overhand

completes 3-piece formboard (circle, square, & triangle)
imitates a circular and vertical stroke with a crayon
builds tower of 6-9 blocks
turns pages of books
turns doorknobs
has hand preference for activities

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The ________ Month-Old Child

may tantrum, but is able to recover
knows own gender
has confidence in own abilities, likes to "show off"
may still cling in stressful situations
begins to follow rules involved in class or in games
is able to remain attentive to tasks at hand
begins to understand relationship between actions & consequences
begins to be socially appropriate with peers and adults
begins to distinguish between the real world and pretend play
likes to help with household or yard tasks
occasionally shares

talks well in sentences of 3-5 words
understands some prepositional phrases (the cat is *under* the chair)
knows big and little descriptions
understands concept of one vs. many
discriminates sounds made by objects
uses plurals
relates recent experiences
helps tell rhymes, songs, stories
answers yes/no questions accurately
has a vocabulary of at least 600-700 words

pulls on shoes
unbuttons large, easy buttons
indicates toileting needs
washes and dries hands

walks on tiptoes
broad jumps
begins to pedal tricycle
walks up & down stairs, both feet to a stair, holds on; later alternating feet

copies circles
imitates cross
builds tower of 10+ blocks
strings beads easily
matches 2-3 colors
matches 2-3 shapes
places 1-3 pieces of puzzle (inlay-type)
identifies actions illustrated in pictures

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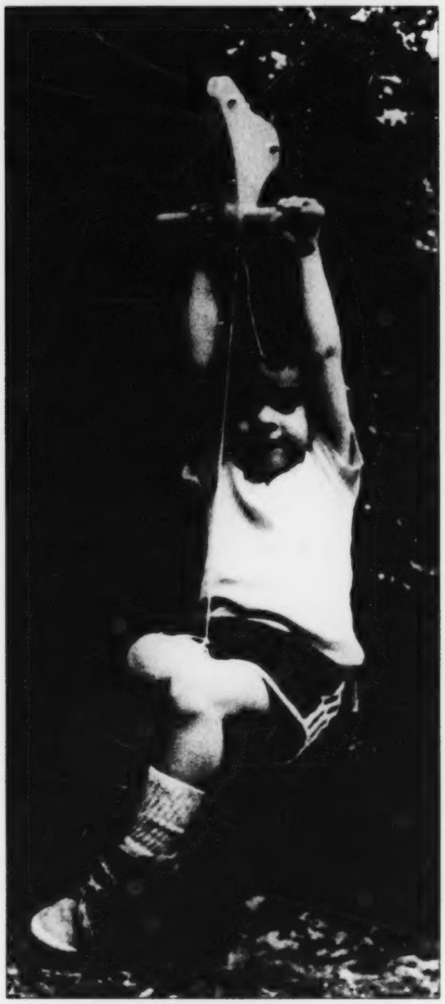
Child Development Skills

The _______ Month-Old Child



responds to limits with understanding
is beginning to respond to the needs of peers
manipulative of people—understands complex interrelations
has definitive pride in accomplishments
can accomplish a task with future reward
beginning to respect rights and feelings of others
totally involved in interactive play
takes turns very willingly

dresses with supervision
brushes own teeth

climbs outdoor play equipment easily
catches 6-inch: ball
balances on one foot 5-10 seconds
bounces ball awkwardly

understands imaginary conditions and will say, "Suppose that..." or, "I hope..."
beginning to understand some time frames: early in the morning, noontime, next year, next month
understands many prepositions, ex: ball is *under* glove
is able to categorize objects, group colors, or "same" objects
identifies many objects by their use
carries out 3 unrelated commands spoken at once
names 2-3 colors
understands texture differences, ex: rough and smooth
knows which is taller, longer, shorter
has a vocabulary of nearly 1500 words!
asks questions constantly
speech is intelligible even to strangers
self-talk decreasing, talk to others increasing
counts 3 objects, 1 object represents each number
converses in 5-6 word sentences
knows age
folds paper imitatively
cuts efficiently with scissors, along line (a square in half!)
draws a recognizable person

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Child Development Skills

The ________ Month-Old Child

is responsive to many different feelings shown by others
understands and follows simple game rules
follows directions that require precise action

bathes with supervision

throws/catches ball with another person

knows which of 2 events happened first
use the words "first" and "last"
can think several steps ahead before acting
retells three events from fairy tale
names opposites
asks many "why" questions
is interested in the mail
is interested in answering and using the telephone
knows many colors
asks about earlier days
anticipates major holidays
notices "errors" adult makes in nursery rhymes

Developed by the Early Intervention Team of Forsyth-Stokes Mental Health Agency and Pat Wesley at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

So Who's Normal?

Della

Three Days

Even before birth, Della was very active. She kept her mother awake at night before she was born, "bicycling" in her womb. When she was delivered, she came out crying and kicking. She still cries a lot. When she's not crying or sleeping, she's in perpetual motion-kicking, squirming, and throwing her arms about.

Six Months

Della has been sleeping through the night for just a few months. She is still a whirling dervish. She spends hours doing push-ups, can sit up by herself, and loves to be stood up. Della is not agreeable about everything, though. She cried loudly at her first bath, and always spits out new foods the first time she's given them. She will usually try them if they're offered, however.

Two Years

Della has been walking for over a year now. She keeps her parents very busy trying to keep her out of trouble. Della is still determined to do things her own way, and has temper tantrums if she can't. Her parents try to remain calm but firm. Della dislikes change, and still refuses to sit still long enough to use the toilet. Her parents know that sooner or later she'll decide she is ready.

Five Years

Della cried and put up a fuss on the first day of school, but by the end of the week she was starting to enjoy herself. It is a bit hard for her to sit still very long and concentrate on one thing. Everyone likes Della, though. The other children try to imitate her skill on the playground, but most of them can't keep up with her.

Joey

Three Days

From the minute he was born, Joey has been quiet and easy-going. After he was delivered, he lay quietly in his crib, even when he was washed for the first time. He fusses sometimes but doesn't cry much. When he's not sleeping, Joey moves his arms slowly and looks around.

Six Months

Joey has been sleeping through the night and eating at regular times since he was just a few weeks old. He still doesn't move around a lot. Even though his older brother was sitting by this age, Joey goes limp when his parents try to sit him up. He loves to play with simple objects like blocks and cups, though, and he welcomes new experiences. He accepted solid foods and his first bath with smiling and cooing.

Two Years

Joey didn't start walking until just six months ago, but he started talking at ten months. He knows a lot of words for his age, and spends hours looking at books and talking to himself. Since he doesn't always reach out for new things, his parents offer him lots of stimulating toys and activities. Joey always accepts these happily. Because he is so regular in his habits, Joey's parents were able to start toilet training him at twenty months.

Five Years

Joey has just started kindergarten. He loved school from the first day. His early interest in words has continued to grow, and he started to read last year. Joey's teacher encourages this interest, but makes sure he has lots of chances to play with other children and to exercise.

Children have their own individual way of growing up. While it is tempting to compare children with each other, especially if they are sisters or brothers, no two children are alike. Della and Joey are both typically developing children, but notice how different they are!

Adapted from *Footsteps*, Dept. of Health, Education and Welfare, U.S. Government Printing Office, 1978.

A Guide for Role Play Observers

Consider the following questions during the role play:

1. Did the teacher thank the parent for meeting with her?
2. What did the teacher do to make the parent feel at ease? (teacher's facial expression, general affect, body language)
3. Did the teacher describe the purpose of the meeting before the interview began? (to gain information about Maurice's self-help skills at home)
4. Was the teacher a good listener? How could you tell? (body language, eye contact, responsive comments)
5. What techniques did the teacher use to obtain information about Maurice's self-help skills at home? (asked parent to describe a typical day, asked direct questions, described what Maurice did at school)
6. Did the teacher convey a positive attitude about Maurice? How?
7. Did the teacher stick to the purpose of the meeting?
8. Did the mother seem to feel comfortable? How do you know?
9. Was there a dialogue between the teacher and the mother, or did one person monopolize the conversation?
10. What types of questions did the teacher ask? (open-ended or questions requiring a single word or yes/no response)
11. What self-help abilities were discussed? Examples:

    Maurice's eating skills: use of a bottle, cup, spoon, fork, napkin

    Maurice's dressing and undressing skills: unbuttoning, unsnapping, unzipping, front/back differentiation, putting clothes on and taking them off

    Maurice's diapering/toileting needs: does he indicate when wet? How will teacher and mother decide when to start toilet training him?

    Maurice's grooming skills: tooth brushing, bathing, nose-blowing

0-6 Months

Checklist

New Behavior

- ☐ Quiets when picked up
- ☐ Lifts head when held at shoulder
- ☐ When on stomach lifts or turns head
- ☐ Eyes follow a moving person
- ☐ Looks (rather than glances) at suspended object
- ☐ Grasps and holds a person or object for several seconds
- ☐ Responds to talking, smiling, or touching
- ☐ Stops crying when someone (without holding) begins to play with him
- ☐ Random arm thrusts in play
- ☐ Sits in lap with support
- ☐ Closes hand on dangling toy
- ☐ Makes approach movements toward mirror image
- ☐ Cries to get a bottle, attention, or to be held

New Behavior

- ☐ Laughs aloud
- ☐ Pulls garment over face
- ☐ Reaches persistently
- ☐ Eye-hand coordination in reaching
- ☐ Vocalizes in response to a smile or talking
- ☐ Knows familiar people or things by sight or voice
- ☐ Turns head to sound of bell and rattle
- ☐ Turns head after a spoon that has fallen from the table
- ☐ Vocalizes in association with pleasure, displeasure, eagerness, and satisfaction
- ☐ Uses vocal noises for play
- ☐ Rolls from back to stomach
- ☐ Likes frolic play

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

6-12 Months

Checklist

New Behavior

- ☐ Sits alone, steadily
- ☐ Playful response to mirror image (laughing, patting)
- ☐ Has method of getting from one place to another
- ☐ Drinks from a cup with some help
- ☐ Uses thumb and forefinger to pick up small things
- ☐ Uncovers toy purposefully
- ☐ Looks at specific picture in book
- ☐ Says "da-da" or equivalent
- ☐ Shows likes or dislikes of some people, objects, or places
- ☐ Looks for something that has been put in a box
- ☐ Drops small object into larger container
- ☐ Imitates actions (such as stirring with spoon in cup)
- ☐ Walks with help
- ☐ Understands "no"
- ☐ Regards new person briefly with show of interest or response

New Behavior

- ☐ Attempts some recognizable imitation of words
- ☐ Anticipates sequence of some familiar events
- ☐ Sometimes comes when he is called
- ☐ Repeats action that is socially reinforced
- ☐ Uses motions as a way of talking (shakes head "no" holds out arms to be picked up)
- ☐ Attends and responds to adult actions and words across room
- ☐ Demonstrates food preference
- ☐ Searches in the right place for a thing that has been moved out of his sight
- ☐ Knows what some familiar things are for
- ☐ Uses crayons with definite attempts to make marks

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

12-18 Months

Checklist

New Behaviors

☐ Cooperates in games involving imitation

☐ Holds, hugs, and spanks dolls

☐ Imitates and echoes words and sounds

☐ Scribbles spontaneously

☐ Points to show desires and call attention to events

☐ Shows where his toes, eyes, and nose are

☐ Throws ball intentionally

☐ Walks up stairs with help

☐ Pitches or brings objects in direction he wants

☐ Takes off socks or shoes (if unfastened)

☐ Uses a spoon without help and with very little spilling

☐ Uses some sounds (words and word-like sounds) and tells feelings

☐ Knows and says the names of at least five things

New Behaviors

☐ Shows interest in things or games other children like

☐ Points to at least one body part when asked (on self or doll)

☐ Imitates adult's crayon strokes (a fast, more or less straight mark across page)

☐ Tries to stand on a flat board

☐ Brings something from or takes something to another place

☐ Begins to hum and sing

☐ Keeps himself busy and happy for at least fifteen minutes with building, looking at pictures, or other similar activity

☐ Puffs air (enough to blow out candle)

☐ Puts round block in round hole

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

18-24 Months

Checklist

New Behaviors

- ☐ Gestures for communication
- ☐ Attempts to follow directions
- ☐ Voluntarily relaxes from activities for quiet period
- ☐ Tantrums if things go wrong
- ☐ Puts two or more words together to form sentences
- ☐ Uses signs or words to make wants known
- ☐ Discriminates, chooses, makes simple judgments
- ☐ Indicates awareness of role of objects by using them correctly
- ☐ Hands object to adult and waits reaction
- ☐ Seems interested in exploring new places (a friend's house or places in his own home)
- ☐ Extends investigations to wider range of objects
- ☐ Washes and dries own hands

New Behaviors

- ☐ Changes from straight line to scribble if asked
- ☐ Walks sideways and backwards
- ☐ Pulls on person to show something
- ☐ Uses at least fifteen different words in the right way
- ☐ Matches and compares familiar objects by color
- ☐ Uses some objects in more than one way
- ☐ Shows sense of ownership in people and property ("my" mommy, "my" spoon)
- ☐ Goes upstairs taking one stair with each foot
- ☐ Recognizes general family name categories (baby, grandmother, etc.)
- ☐ Makes attempts to replace doll head if removed from doll
- ☐ Recognizes self in a photograph

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

24-30 Months

Checklist

New Behaviors

- ☐ Imitates play of others
- ☐ Listens to simple stories, especially liking those heard before
- ☐ Carries on conversation with self and dolls
- ☐ Finds own play area or activity
- ☐ Explores surroundings in new or modified ways
- ☐ Understands and stays away from common dangers
- ☐ Uses size words (large, big, little, small) often and correctly
- ☐ Sometimes gives first and last name when asked
- ☐ Repeats parts of nursery rhymes or joins in
- ☐ Understands the concept of one
- ☐ Groups things together by color, form, or size
- ☐ Enjoys using comparisons (color, form, size) in self-directed play

New Behaviors

- ☐ Understands and uses correctly fifty words
- ☐ Uses simple speech equivalent to obtain wants
- ☐ Shows (by asking or gestures) the need to go to the toilet
- ☐ Has enough eye-hand ability to copy a line
- ☐ Shows pleasure in dealing with people and things
- ☐ Likes to "help" parents around the house (raking leaves, setting table)
- ☐ Usually knows when certain clothes, activities, or toys are appropriate
- ☐ Differentiates circle and square forms
- ☐ Takes things apart for the purpose of learning
- ☐ Likes to listen (acquires sense of descriptive purpose of words)

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

30-36 Months

Checklist

New Behaviors

☐ Uses short sentences to convey simple ideas

☐ Understands the idea of waiting for someone else to go first

☐ Follows simple rules in group games run by an adult

☐ Takes apart and puts together purposefully

☐ Understands in, out, and under

☐ Puts on own coat and shoes (without buttoning or tying)

☐ Counts two, indicates awareness of "one more"

☐ Hops on one foot and walks upstairs and downstairs, placing one foot on each stair

☐ Knows that different activities go on during different times of the day

New Behaviors

☐ Expresses feelings, desires, and problems verbally

☐ Compares size; puts size comparison to practical use

☐ Remembers and names objects absent for a short time

☐ Uses scissors with one hand to cut paper

☐ Feeds himself, using a fork and/or spoon and glass in the right way

☐ Deals verbally with nonpresent situation

☐ Child recognizes picture of an object even when shown a different view

☐ Runs freely

☐ Acts out (singly or with others) simple stories

☐ Identifies object by its use

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co. Co.Co.

36-42 Months

Checklist

New Behaviors

- ☐ Takes a shampoo willingly
- ☐ Says a few words when showing something
- ☐ Mouths some familiar words as they are read
- ☐ Shows an interest in mud play
- ☐ Recognizes some road signs and trademarks
- ☐ Recognizes some of his own basic feelings
- ☐ Has a variety of favorites
- ☐ Is interested in doing things with others
- ☐ Understands the idea of preparation
- ☐ Says at least 200 words but understands many more
- ☐ Recognizes words such as "big" and "little"
- ☐ Sees differences in squares, circles, triangles
- ☐ Recognizes the names of some body parts

New Behaviors

- ☐ Pays attention to another child who is playing nearby
- ☐ Holds up fingers to show age
- ☐ Names pictures of common items
- ☐ Knows a number of directional words
- ☐ Puts on most clothing; has difficulty with fasteners
- ☐ Follows instructions containing one step
- ☐ Maintains interest in a project for several days
- ☐ Follows two-step instructions
- ☐ Comments about environmental sounds
- ☐ Scribbles with controlled movements
- ☐ With two objects, identifies which is larger
- ☐ Follows a simple obstacle course

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

42-48 Months

Checklist

New Behaviors

- ☐ Asks about the feelings of other people
- ☐ Is familiar with the use of fingerpaints
- ☐ Uses a tool with adult help
- ☐ Competently uses crayons and fingerpaints
- ☐ Finds a pair of pictures in a group of four
- ☐ Sometimes tells wants and needs
- ☐ Is beginning to use a comb and brush
- ☐ Likes to try doing things by himself
- ☐ Plays follow the leader
- ☐ Enjoys participating in family activities
- ☐ Answers questions with specific information
- ☐ Classifies things by the way they are used

New Behaviors

- ☐ Throws a ball overhand
- ☐ Is interested in helping adults
- ☐ Sometimes cooperates with another person
- ☐ Uses many action words
- ☐ Notices changes in things
- ☐ Matches two pictures in a group of eight
- ☐ Skips, hops on one foot; says short sentences
- ☐ Uses many descriptive words
- ☐ Hunts for misplaced toys
- ☐ Asks questions about the work people do
- ☐ Shows curiosity about surprises
- ☐ Points to letters and asks their names
- ☐ Says words for a number of space relationships

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

48-54 Months

Checklist

New Behaviors

- ☐ Uses the phrases "I like ...." "I don't like ..."
- ☐ Knows words for several family relationships
- ☐ Answers questions about a story he's just heard
- ☐ Looks at small objects when he goes for a walk
- ☐ Asks about sizes
- ☐ Often uses three-word sentences
- ☐ Feeds himself well with a spoon
- ☐ Plays for a time with another in the same activity
- ☐ Dependably answers who, what, and where
- ☐ Counts by rote to five
- ☐ Combines some words for actions and space
- ☐ Begins to talk about preferences
- ☐ Matches things that are used in a like way

New Behaviors

- ☐ Asks many "why" questions
- ☐ Uses short sentences to recall events
- ☐ Recounts parts of familiar stories
- ☐ Retells three events from a fairy tale
- ☐ Occasionally draws a simple human figure
- ☐ Says words for some feelings
- ☐ Is interested in mail and in using the phone
- ☐ At the end of a story, asks for more
- ☐ Knows which of two events happened first
- ☐ Recognizes words for basic colors, shapes, and sizes
- ☐ Holds two or three alternative ideas in mind
- ☐ Names many pictures in household magazines

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the first three years: A guide to parent-child play.* New York: Walker & Co.

54-60 Months

Checklist

New Behaviors

- ☐ Recognizes when others show their feelings
- ☐ Handles small things well; likes trying new skills
- ☐ Follows directions in supervised art activities
- ☐ Likes to use a pencil and pretend to write
- ☐ Classifies things by one characteristic
- ☐ Sometimes pretends she's someone else
- ☐ Uses scissors to cut snips in edge of paper
- ☐ Cooperates with another person in throwing a ball
- ☐ Recognizes some needs of self and others
- ☐ Asks about earlier days
- ☐ Dependably follows simple adult-made rules
- ☐ Uses the words "first" and "last"
- ☐ Uses names of many colors; says numbers to five

New Behaviors

- ☐ Plays games with imaginary people
- ☐ Asks why something happened
- ☐ Gets dressed with little help
- ☐ Waits for own turn and usually follows directions
- ☐ Anticipates the major holidays
- ☐ Knows the concepts of same and different
- ☐ Sometimes says words for numbers to ten
- ☐ Can think several steps ahead before acting
- ☐ Understands the rules of Simon Says
- ☐ Follows directions that require precise action
- ☐ Notices "errors" adult makes in nursery rhymes
- ☐ Names the opposite of a word on request

Source: Sparling, J., & Lewis, I. (1979). *Learningames for the First Three Years: A Guide to Parent-Child Play.* New York: Walker & Co.

Limitations of Diagnostic Categories

1. For each diagnosis, a range of developmental effects occurs from mild, to moderate, to severe/profound. One child's visual impairment may be mild, while another child is blind. Thus, children with the same diagnosis may be very different from one another.

2. The diagnosis itself does not provide any information about specific treatments or educational interventions. Not all visual impairments can be corrected with glasses; not all hearing impairments are corrected by hearing aids. Educational programs are designed based on the child's skills and the priorities and values of their families.

3. In most cases, the diagnosis does not result in an accurate prediction of later abilities. Outcomes are related to what happens after diagnosis. The long-term effects of most diagnoses are not known because early intervention is relatively new and its impact combined with that of quality education throughout the school-age years are not well understood.

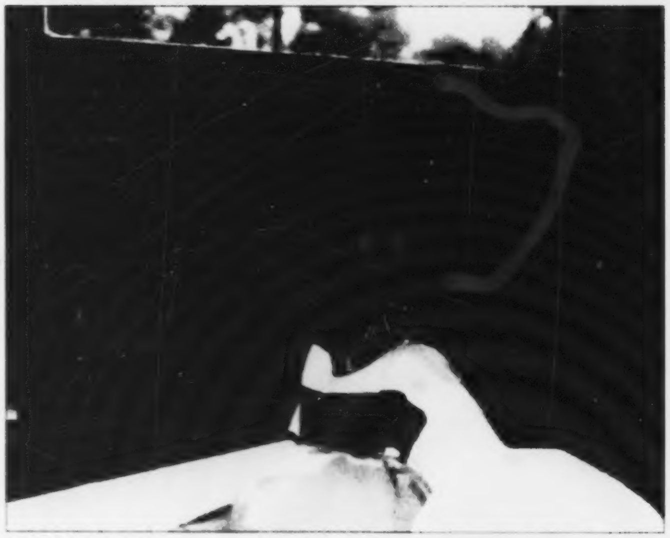
4. Each condition can occur alone or in combination. One child may only have a visual impairment, but another may have a visual impairment and mental retardation.

5. Diagnostic categories or labels are often used to establish eligibility for services and funding, yet children with special needs are a very diverse group. The use of labels can stigmatize children when people do not look beyond the label at the individual child's unique qualities and needs. There is no "typical" special needs child.

Source:
Wolery, M., Strain, P. S., & Bailey, D. B. (in press). Applying the framework of developmentally appropriate practice to children with special needs. In S. Bredekamp (Ed.), *Appropriate curriculum and assessment.* Washington, D.C.: National Association for the Education of Young Children.

Important Considerations When a Developmental Disability is Suspected

What observations of the child lead you to suspect a delay or disability? Have you recorded your observations over a period of several weeks? Have you considered other explanations for the child's behavior?



Have other people who interact with the child observed what you have?

Have you observed the child at home? Is the child's behavior there consistent with what you see at day care?

Is the child suddenly behaving differently than he or she has in the past?

How long has the child been in your class?

Has anything in the child's life changed recently?

Is the child in good health? Does the child receive adequate sleep and nutrition?

Does your center have a policy about what to do when a teacher suspects a child has a developmental delay or disability? Does your policy protect the family's legal right to give permission for and be involved with assessment and planning?

Who are the primary caretakers? Would it be best to talk to both parents at the same time? Is your schedule flexible enough to allow you to meet with the parents at their convenience?

Are you open to parent observation and participation in the classroom? Would you be comfortable if a specialist wanted to observe or evaluate the child in the classroom?

Are you aware of community resources to which you could refer parents if they choose to have their child evaluated?

Where to Go to Learn More

Adams, J. W. (1988). *You and your hearing-impaired child: A self-instructional guide for parents.* Washington, DC: Gallaudet University Press.

Chase, R., & Rubin, R. (1979). *The first wondrous years.* New York: Collier Books.

Field, T. M. (Ed.). (1979). *Infants born at risk: Behavior & development.* Jamaica, NY: Spectrum Publications.

Finnie, N. R. (1974). *Handling the young cerebral palsied child at home* (2nd ed.). New York: E. P. Dutton.

Grant, J. (1987). *The hearing impaired: Birth to six.* Boston, MA: College Hill Press.

Hanson, M. (1987). *Teaching the infant with Down syndrome.* Austin, TX: PRO-ED.

Harrison, H. (1983). *The premature baby book.* New York: St. Martin's Press.

Rubin, R., Fisher, J., & Doering, S. (1980). *Your toddler: Ages 1–2.* New York: MacMillan Publishers.

Kastein, S. (1980). *Raising the young blind child: A guide for parents and educators.* New York: Human Services Press.

LaPorta, R. A. (1978). *Children with hearing impairments.* Washington, DC: U. S. Department of Health and Human Services.

Leach, P. (1978). *Your baby and child: From birth to age five.* New York: Alfred A. Knopf.

Paasche, C. L., Gorrill, L., & Strom, B. (1990). *Children with special needs in early childhood settings.* New York: Addison-Wesley Publishing Co.

Paluszny, M. J. (1979). *Autism: A practical guide for parents and professionals. Syracuse, NY: Syracuse University Press.*

Segal, M. (1985). *Your child at play: Birth to one year.* New York: Newmarket Press.

Segal, M., & Adcock, D. (1985). *Your child at play: One to two years.* New York: Newmarket Press.

Segal M., & Adcock, D. (1985). *Your child at play: Two to three years.* New York: Newmarket Press.

Stray-Gundersen, K. (Ed.). (1986). *Babies with Down syndrome: A new parents guide.* Kensington, MD Woodbine House.

White, B. (1985). *The first three years of life.* New York: Prentice-Hall Press.

Wing, L. (1974). *Children apart: Autistic children and their families.* Washington, DC: The Autism Society of America.

Wing, L. (1972). *Autistic children: A guide for parents and professionals.* New York: The Citadel Press.

3

Instructor Packet

3

Working Together: A Focus on Families

Notes to Instructor

Determine whether you want to organize a parent panel presentation for Session Two and take the necessary preparatory steps ahead of time. (See Section III in Session One on p.41 and Section V in Session Two, p. 45.)

If you do not organize a parent panel, become thoroughly familiar with the video *Someday's Child* and its *Facilitator's Guide.* (See Section V in Session Two, p. 45).

Decide whether to address the optional student objective. (See the assignment in Section VIII of Session Three, p. 48.)

A reduced version of the overhead content, an explanation about the overhead content and space for additional notes are provided on a sheet that accompanies the overhead "Parent Responses to the Diagnosis of a Child's Disability" in the Instructor Packet. Instructors are encouraged to refer to this sheet to introduce the overhead transparency.

Module Flow Guide

(Three 2-hour Sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. **Highlight objectives & answer questions**	Group review	Student objectives	5 min.
II. **The child's impact on the family**	Lecture Group discussion "Anticipating Birth" activity	Flipchart/blackboard Markers/chalk Overhead projector OT–Parent Responses... HO–Various Responses... HO–Welcome to Holland	90 min.
III. **Prepare for the parent panel (optional)**	Group discussion	Overhead projector OT–Suggested Questions	10 min.
Session Two			
IV. **Staying in touch with parents & families**	Lecture Group discussion	Overhead projector OT–Working with Families ... HO–Guidelines for Family-Centered ...	1 hr.
V. **The experiences of parents**	Choose one: • Video • Parent Panel	Choose one: • Video: *Someday's Child* *Someday's Child Facilitator's Guide* VCR, monitor • Parent Panel	45 min.
	Assignment	HO–Effective Communication Skills	5 min.
Session Three			
VI. **Effective communication**	Lecture Group discussion "Reflecting Feelings" activity	HO–Effective Communication Skills "Reflecting Feelings" Activity	1 hr.
VII. **Confidentiality**	Lecture Role plays	Overhead projector OTs–Confidentiality	45 min.
VIII. **Wrap-up**	Group discussion Assignment	*Infant/Toddler Environment Rating Scale*	10 min.

Student Objectives

FOCUS

The people most familiar with a child are the family members. When the child care program and family communicate regularly about the child's accomplishments and needs, the child will be more likely to reach his or her developmental potential. Families are different in their personal circumstances, experiences and culture, and therefore in their priorities, strengths and values. Professional behavior should reflect this understanding.

Awareness

Participate in an exercise that highlights the concept of adjusting to the birth of a child with disabilities when a healthy, typical child was imagined and hoped for.

Review some common stresses and feelings experienced by parents of children with special needs.

Knowledge & Skills

State why communication between the child care program and the family is important in general and why communication is critical for families and staff working with young children who have special needs.

State why and how the degree of involvement between the family and child care program may vary across families and over time for any one family.

Describe the meaning and implications of the following guidelines for services that are responsive to the needs of families:

1. Take time to get to know the family.
2. Create a variety of opportunities for sharing information.
3. Recognize the importance of the family as the major constant factor in the child's life.
4. Respect and accept family diversity.
5. Be nonjudgmental and sensitive toward the family's emotions.
6. Respect confidentiality.
7. Design flexible services.
8. Do not expect to meet all the family's needs.

Describe at least two considerations in setting the stage for effective communication between families and child care programs.

Describe one factor that can impede effective communication between the child care program and the family of a child with special needs.

List and define four key skills to effective communication between care provider and parent.

Demonstrate "Reflecting Feelings" skills by participating in role plays.

Describe what is meant by the family's right to confidentiality.

Optional
Compile a list of community services and agencies available to help children with disabilities and their families.

Instructor Outline

I. Welcome

Highlight key concepts to be presented in this session. Answer any questions about student objectives.

II. The child's impact on the family

Introduce the family as an ever-changing system.

> *Each family is unique. Each has its own schedules and routines, values, ways of interacting, resources, likes and dislikes. People from different families may see their roles as family members in different ways. Some families are large and extended, while others may include only a parent and child. Families come from different neighborhoods, communities, cultural groups and socio-economic backgrounds. Each family can be regarded as a growing and ever-changing system. The different elements that make up the system influence each other and are influenced by things outside the family.*
>
> *When a family experiences the birth of a child, many things can change. Let's spend a few minutes imagining that we are anticipating such an event.*

Ask students to help you think of the different ways the arrival of a new baby can affect the family system. List their ideas on a blackboard or flipchart.

The Impact of a Newborn

- The working mother may stay home from work for a month or more.
- The family's social life may slow down.
- The baby brings additional bills that must be paid.
- The family may have to rearrange their home to make room for the baby.
- The family may have relatives visiting for a while.
- The parents will lose sleep and feel fatigued.
- The usual roles of family members may change. For example, an older child or husband may assume additional or different household duties while the mother attends to the infant.

Lead the group through the following activity about anticipating the birth of a child. Ask those students who are parents to remember how they felt when they were expecting their baby. What did they want the baby to be like? If other students think that one day they will have children, ask them to imagine what their newborn will be like. Ask the students to write their descriptions down.

When students have finished writing, ask for volunteers to share their descriptions. Point out how no one listed any disabilities, that most parents do not anticipate having a child with disabilities. Discuss how perceptions of a newborn can change if the child is diagnosed with Down Syndrome, blindness, cerebral palsy or other disabilities. Ask students to share their ideas about how the birth of a child with disabilities affects the family. Not only are effects like those suggested in "The Impact of a Newborn" experienced, but additional stresses may be present.

> *The particular type of stress experienced by the family of a child with disabilities depends on the nature of the child's disability and on the family's existing support system.*

Ask students to help you think of examples of stress that such a family could experience.

Family Stresses When a Child has Disabilities

- Normal family activities and routines may be stressed because of the child's additional need for care, especially self -help needs such as dressing and eating.
- Parents may experience stress in finding a babysitter with whom they are comfortable or who is willing to care for a child who has disabilities.
- Just going out in public may be stressful if the child's looks or actions are different from other children's.
- Parents may experience additional stress because they do not know how to treat their child with disabilities. For example, the way they helped their first child learn to feed herself may not work with the child who has disabilities.
- Parents may be faced with the stress of helping a sibling of the child with disabilities understand the brother or sister's disability. The sibling may feel his or her own stress, frustration or resentment.
- Families experience stress as they try to find services for the child with disabilities and themselves. Often they have to struggle to gain access to services and activities that are routinely available to other members of society.
- Families may experience stress as their friends and even relatives learn to accept the child with disabilities.

[Source: Bailey & Wolery, 1984]

Use the Overhead Transparency "Parent Responses to the News of a Child's Disability" to introduce the concept that there is no one way families cope with the disabilities of a child.

Refer to the Handout "Various Responses of Parents of Children with Special Needs" to continue discussion of how different parents react differently to their experiences with a child who has special needs (*Student Handbook,* pp. 51-52). Ask students to guess at the feelings behind each statement. Listen for words like shock, guilt, denial, fear, anxiety, hope, envy, helplessness, optimism, rejection, anger, confusion, pride, sadness and acceptance, and for a desire for others to see the "whole" child. Point out that there is no right or wrong way to feel, that parents of children with disabilities will feel many emotions and have many experiences, both positive and negative, throughout their child's life. It is important for care providers to notice and be sensitive to parents' feelings and it is helpful to recognize that different parents have different ways they cope with whatever is going on in their lives at the moment. The statements on the handout are intended to represent a variety of perspectives.

When a child with disabilities is born, parents may experience many confusing feelings. A few parents accept their child's disability easily and feel confident that they can obtain the services the child will need. Others may accept and love their child, but need more time to understand their child's condition and special needs. Indeed, in many instances the child's needs unfold across many years and the parents are presented with an ever-changing puzzle.

It may take a long time for some parents to believe their child really has a disability. Others who accepted their child's diagnosis at birth may be informed later about additional disabilities that they have a harder time accepting.

Parents' responses and coping strategies may change with different situations. For example, parents who actively sought and participated in early intervention services for their preschooler may find themselves feeling stress when their child begins public school and they begin to talk about special education services with people they don't know.

As the child grows older, parents may experience a continuing need to readjust their expectations of themselves and their child.

Read aloud the Handout "Welcome to Holland" (*Student Handbook*, p. 53). Encourage students to identify the feelings expressed by the author.

III. Prepare for the parent panel (optional)

If you have chosen to have a parent panel at the next class, use this time to ask students what they would like parents to address. (See Section V, p. 45). Write their questions down. Refer to the Overhead Transparency "Suggested Questions for a Parent Panel" to stimulate ideas. NOTE: It is critical that parents on the panel feel comfortable talking about their children. Confirm with them before class the content areas they are willing to discuss.

Discuss any ground rules for the audience during the panel presentation. Ask students for their ideas.

It is suggested that:

- members of the audience listen respectfully to the parent panel without interrupting.
- members of the audience ask questions without passing judgment on or discounting the feelings of the parents.
- members of the audience keep in mind that it is not always easy to share information about one's family life with others and that parents on the panel should feel free to decline answering any question.
- members of the audience limit the content of any questions to areas or subjects the parents indicated they were willing to discuss. (The instructor needs to communicate this to students ahead of time.) ●

IV. Staying in touch with parents and families

The idea of getting families involved in their children's programs is not new. We are all familiar with PTAs, parent newsletters, parent bulletin boards, parent lunches and parent participation on field trips as methods school systems have used for years to increase parent involvement. Regular communication between child care programs and parents of preschool children is just as important for at least three reasons:

1. The young infant and child need consistent, predictable environments, and benefit when the child care program and families work together to establish daily routines that are responsive to the needs of the child and family.

[Ask students to give examples of what #1 means. Examples: The child care provider needs to know about the child's sleep schedule over the weekend in order to know what to expect at school on Monday. The infant seems to want a bottle at four in the afternoon and drinks it all when it is offered; is this working out okay with the parents' schedule for the infant at home in the late afternoon?]

2. The young child is developing so rapidly that parents and teachers need to have regular conversations about any new skills or behaviors they observe in the child and about how to provide opportunities for the child to use these new skills.

[Ask students to give examples of what #2 means. Examples: The toddler has begun to finger feed at home and parents would like to see this carried over in day care. The preschooler seems to be sleeping less and less at naptime and has begun to join in activities for early risers; have parents noticed a shorter nap at home?]

3. The young child cannot be expected to accurately report about the school day to the parents or about the weekend to the child care provider. The child depends on the adults in his or her life to fill in the gaps and to maintain an interest in and awareness of the "big picture" for the child.

[Ask the students for examples of what #3 means. Examples: A young toddler had a really great morning at day care and initiated many playful interactions with another child—won't the parents be glad to hear this! A young preschooler had her very first ride on a train over the weekend; perhaps the care provider may want to encourage the child to share her experiences with the class at group time.]

When the child has a disability, communication between care providers and parents is critical in order to ensure that the child care program is meeting the special needs of that child. Parents are the people who are most familiar with meeting their child's unique needs on a daily basis. The Overhead Transparency "Working with Families of Children with Special Needs" highlights some of the reasons it is important to work together with families in planning meaningful, integrated programs for children with disabilities.

Review the Overhead Transparency "Working with Families of Children with Special Needs." Ask for student comment and questions.

While most parents participate in the initial center visit and orientation meeting, involvement with the child care program beyond drop-off and pick-up routines will vary with different families and for any one family across time. There are several reasons for this.

First of all, think about your own family's energy level and how it may fluctuate. We have talked about the family as a complex system that encounters many stresses. Some of these stresses are unique to the particular family; the illness of a family member or a change in a parent's job. Others are seasonal: Christmas, having children home from school in the summer. Still other stresses are developmental: a toddler begins to walk or a child begins public school. The amount of time and energy that parents have available for active involvement with their child's day care program may depend on what else is going on in the family's life.

Invite students to share experiences they have had regarding the effects of family stress.

Another reason families choose different ways to be involved with their child's program is that parents are called upon to fulfill many roles. This is especially true for parents of children with disabilities. These roles may include; caretaker, teacher, medical technician or nurse, breadwinner, advocate, chauffeur, counsellor and expert. The ongoing process of identifying and coordinating resources to meet the child's needs can be overwhelming. Consequently, maintaining regular communication with the child care provider may be all a parent can do. Time and energy may not be available for parent pot-lucks or class field trips.

Parents of a child with disabilities experience a wide range of feelings as they adjust to the changing needs of their child. Caregivers need to be sensitive to these feelings and understanding of the family's need to call the shots.

When programs are flexible and family-centered, they provide opportunities for parents to experience different levels of involvement at different times. The Handout "Guidelines for Family-Centered Services" describes guidelines for a child care program to consider in making sure their services are responsive to the needs of families.

Lead a discussion about the Handout "Guidelines for Family-Centered Services" with students (*Student Handbook*, p. 54). Point out that the issue of confidentiality will be addressed in detail in the next session. Ask students who are or have worked in day care how their programs meet the changing needs of families.

V. The experiences of parents

Choose one of the following activities:

Introduce and show the video *"Someday's Child."* See page 1 of the *Facilitator's Guide* for an introductory summary of the video. Review the *Facilitator's Guide* and identify key concepts worth highlighting. For example, refer to discussion questions 2, 5 and 8 on pages 6–7.

OR

Organize and introduce a parent panel to share experiences and views with the class. Select parents you know who have children with disabilities and who are comfortable and even enjoy talking about their lives. If you do not know parents in the community yourself, consider contacting the Developmental Disabilities Coordinator at the local Mental Health Agency or the Exceptional Children's Coordinator with the local public school system and ask if they know of a parent who would be willing to contact you. Talk to the parents about what they would be comfortable sharing with the class regarding their experiences. Prepare a list of questions for the panel ahead of time and send them to the panel members before they come to your class. Refer to the Overhead Transparency "Suggested Questions for a Parent Panel" for sample questions you may want to consider and include any questions your students suggested that seem appropriate.

Assign students to review the Handout "Effective Communication Skills" before the next class (*Student Handbook*, pp. 55-56). Explain that students will be given a chance to practice some of these skills during the next session. ●

VI. Effective communication

It is not always easy to communicate effectively with other people and there are important factors to consider in setting the stage for communication. Sometimes it is hard to find a time and place to meet. Occasionally, different cultural backgrounds and languages present differences in communication styles; for example, in the way body language or words are interpreted. When communication takes place between a caregiver and parents of a child with special needs, other challenges may be encountered. There may be differences in the perception of the disability or in ideas about the need for different types of services.

Good communication begins by building rapport, trust and respect between people. When a trusting climate is established, there are four key skills to effective communication between caregivers and parents: listening skills, reflecting feelings, reflecting content and effective questioning. (Winton, 1988).

Review the Handout "Effective Communication Skills" with students (*Student Handbook*, pp. 55-56). Encourage students to comment and react to the ideas presented. Has anyone used these skills before? In what context? What happened? Did it feel "natural?" Point out that practice using the skills is needed before one can feel comfortable with the new techniques.

Introduce the "Reflecting Feelings Activity" in the Instructor Packet for this module.

VII. Confidentiality

Persons who care for young children have a responsibility to maintain close contact with the families of the children they serve. They may have access to information about family relationships, strengths and needs. As teachers, they learn about the children's diagnoses (if any), their abilities, health, growth, temperament and needs. Both the children and the families have the right to expect that this information will be kept confidential. All state education agen-

cies, local school districts and other human resource service providers have guidelines to ensure that confidentiality is maintained. Child care providers need to know what these guidelines include and to develop skills that will prepare them to uphold them.

Refer to the Overhead Transparencies "Confidentiality." Review these with the class. Ask if there are any questions.

Making a commitment to uphold the policy of confidentiality may seem easy enough to do, but there are many day-to-day situations that can challenge a care provider's ability to protect the privacy of her children and their families. Have you had or can you think of experiences in which you, as a child care worker, would have to hold firm to your responsibility to uphold confidentiality in spite of pressure from others?

Students may suggest situations like the following:

1. You are asked by a parent who has come to pick up their child in the afternoon about another child's disabilities: "How retarded is that child?"

2. You are at a party and run into a friend who asks, "Isn't the Johnson baby in your class? His family is so unstable. Don't you think that has a big effect on him?"

3. A minister from a local church calls you at home and says that she is counselling the parents of a child in your class. She asks specific questions about the parents' participation in your program and their support of their child. She says she is just trying to gather information that will help her assist the family and child.

4. A child care worker from another center is visiting your classroom and while there, asks questions about a child's health status and IQ.

Lead a discussion about what might be the appropriate responses in each of these situations. You may want to ask students to role play scenarios like the ones above or any others they suggest. Divide the class into three or four small groups. Ask each to develop an idea and to decide on who from their group will act out the role play, including who will present the background information. After the groups have had ten minutes or so to plan their scenarios, reconvene the large group and ask each group to present its role play before the class. Provide positive feedback to the students about their efforts.

Conclude the discussion about confidentiality by stressing the importance of obtaining a written statement from the parents stating who is authorized to have access to information about their child or family. Obtain such a signed statement before sharing information with anyone who is not responsible for planning or providing services in the program to the child and family.

VIII. Wrap-up session

Assign students to read and become familiar with the *Infant/Toddler Environment Rating Scale*. Training on how to administer this scale will be offered during the next session.

If you have chosen this optional student objective, assign students to compile a list of community services and agencies available to help children with disabilities and their families. Discuss strategies for completing this assignment.

Answer any questions.

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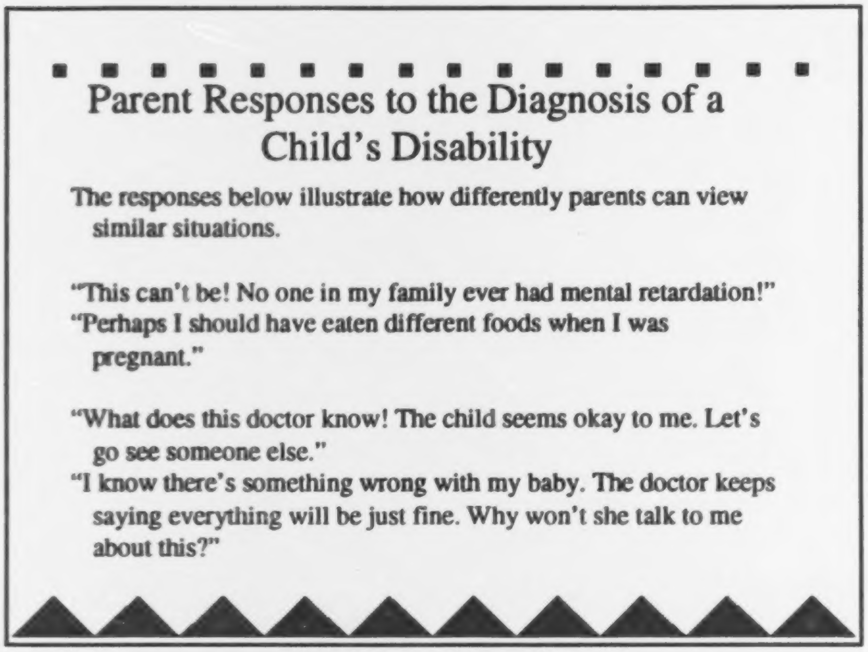

Parent Responses to the Diagnosis of a Child's Disability

The responses below illustrate how differently parents can view similar situations.

"This can't be! No one in my family ever had mental retardation!"
"Perhaps I should have eaten different foods when I was pregnant."

"What does this doctor know! The child seems okay to me. Let's go see someone else."
"I know there's something wrong with my baby. The doctor keeps saying everything will be just fine. Why won't she talk to me about this?"

Parent Responses to the Diagnosis of a Child's Disability

While there may be similarities in the way families strive to meet a child's special needs, the feelings and responses of parents who have children with disabilities are varied. There is not "typical" handicapped child; there are no "typical" parents.

Reflecting Feelings Activity

In the section below entitled "Exercise," read the statements that a parent of a child with special needs might make. The instructor takes the role of the parent and reads the comment to the class. One student volunteer takes the role of the first interviewer who makes less effective responses. The instructor then asks the students to write down a response that is an example of an accurate and sensitive reflection of the feelings expressed by the parent. (Examples of accurate statements appear beside Interviewer #2.) The instructor asks students to share their responses on a volunteer basis. It is important to not criticize anyone's response, rather to acknowledge that it is a possibility and might provide certain information. Ask the volunteer who reads the parent comment if she felt Interviewer #2's response reflected her feelings.

This exercise provides students with concrete examples of statements reflecting feelings. By asking each student to write a response, but asking for volunteer contributions, it allows less skilled students a chance to assess their own limitations in this area without being embarrassed or humiliated. Depending upon the level of expertise in the class, volunteered statements may include the following: giving advice, making recommendations, reassuring, investigative questioning, etc. These examples provide an excellent teaching opportunity and highlight the extent to which professionals are trained to be "experts" rather than listeners.

Exercise

#1

Parent: I try, honestly, to do the physical therapy exercises, but I don't get anywhere. Working hard doesn't seem to make any difference; he's still so far behind.
Interviewer #1: I guess you're depressed.
[Instructor's Note–Don't overinterpret]
Interviewer #2: You sound frustrated.

#2

Parent: What can I do? I don't know anything about babies with problems. I know I should do something, but I don't know what.

Interviewer #1: You sound as if you've given up all hope.

[Instructor's Note–By saying she should do something, Mother has indicated that she hasn't given up all hope...she's confused.]

Interviewer #2: It's hard to know which way to turn.

#3

Parent: *(Showing interviewer a snapshot of her son)* You should have seen him at his party. He was really something...sitting up like a big boy with all of the other children.

Interviewer #1: That's cute. But don't get your hopes up. You know he's not always going to be able to participate with normal kids.

[Instructor's Note: This is **advice**.]

Interviewer #2: That's cute. You really enjoyed seeing him have so much fun.

#4

Parent: *(Mother has her head down, speaking in a low tone of voice)* I was going out of town, but now my mother-in-law is coming for the weekend.

Interviewer #1: *(looking for some papers in her lap)* It sounds as if that will be just as enjoyable.

[Instructor's Note: Not only attend to **what** is said, but **how** it is said.]

Interviewer #2: You don't look too happy about that.

#5

Parent: Jesse is going to be evaluated at the clinic next week. I'm eager to find out more about his condition, but I know it's going to be a long, hard day.

Interviewer #1: It's really going to be great to get more information about Jesse.

[Instructor's Note: Important to reflect both messages conveyed in a mixed message. Also to try and better understand exactly the nature of her concerns perhaps by reflecting in question form.]

Interviewer #2: You're looking forward to getting more information, but you're anxious about the long evaluation process?

#6

Parent: *(Said with tears in her eyes)* I'm really glad Jason has gotten into the developmental center.

Interviewer #1: *(looking briefly at her notes)* Oh, I know you're happy about that.

[Instructor's Note: Note verbal and nonverbal behavior.]

Interviewer #2: You say you're glad, but you look kind of sad too.

#7

Parent: *(Fidgeting, looking anxious, biting nails, etc. and not talking)*

Interviewer #1: Surely, it can't be that difficult to talk about this; I can't help you unless you talk.

[Instructor's Note: Important to use silence to encourage discussion of difficult issues and respect someone's discomfort in continuing.]

Interviewer #2: *(Silence)* You seem uncomfortable going on with this discussion?

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3

Student Packet

3

Working Together: A Focus on Families

Module Flow Guide

(Three 2-hour Sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	5 min.
II. The child's impact on the family	Lecture Group discussion "Anticipating Birth" activity	Flipchart/blackboard Markers/chalk Overhead projector OT–Parent Responses… HO–Various Responses… HO–Welcome to Holland	90 min.
III. Prepare for the parent panel (optional)	Group discussion	Overhead projector OT–Suggested Questions	10 min.
Session Two			
IV. Staying in touch with parents & families	Lecture Group discussion	Overhead projector OT–Working with Families … HO–Guidelines for Family-Centered …	1 hr.
V. The experiences of parents	Choose one: • Video • Parent Panel	Choose one: • Video: *Someday's Child* *Someday's Child Facilitator's Guide* VCR, monitor • Parent Panel	45 min.
	Assignment	HO–Effective Communication Skills	5 min.
Session Three			
VI. Effective communication	Lecture Group discussion "Reflecting Feelings" activity	HO–Effective Communication Skills "Reflecting Feelings" Activity	1 hr.
VII. Confidentiality	Lecture Role plays	Overhead projector OTs–Confidentiality	45 min.
VIII. Wrap-up	Group discussion Assignment	*Infant/Toddler Environment Rating Scale*	10 min.

Student Objectives

FOCUS

The people most familiar with a child are the family members. When the child care program and home communicate regularly about the child's accomplishments and needs, the child will be more likely to reach his or her developmental potential. Families are different in their personal circumstances, experiences and culture, and therefore in their priorities, strengths and values. Professional behavior should reflect this understanding.

Awareness

Participate in an exercise that highlights the concept of adjusting to the birth of a child with disabilities when a healthy, typical child was imagined and hoped for.

Review some common stresses and feelings experienced by parents of children with special needs.

Knowledge & Skills

State why communication between the child care program and family is important in general and why it is critical for families and staff working with young children who have special needs.

State why and how the degree of involvement between family and child care program may vary across families and over time for any one family.

Describe the meaning and implications of the following guidelines for services that are responsive to the needs of families:

1. Take time to get to know the family.
2. Create a variety of opportunities for sharing information.
3. Recognize the importance of the family as the major constant factor in the child's life.
4. Respect and accept family diversity.
5. Be nonjudgmental and sensitive toward the family's emotions.
6. Respect confidentiality.
7. Design flexible services.
8. Do not expect to meet all the family's needs.

Describe at least two considerations in setting the stage for effective communication between family and child care programs.

Describe one factor that can impede effective communication between the child care program and the family of a child with special needs.

List and define four key skills to effective communication between care provider and parent.

Demonstrate "Reflecting Feelings" skills by participating in role plays.

Describe what is meant by the family's right to confidentiality.

Optional

Compile a list of community services and agencies available to help children with disabilities and their families.

Various Responses of Parents of Children with Special Needs

"It's been a rough few months. I'm sure when things settle down, she'll be just fine."	"My mother says things run in threes; I worry there may be other handicaps as well."
"I know if I work hard with the child, he'll catch up."	"There is nothing we can do. I feel so helpless."
"The nurse said we can go home today, but I'm scared. What if something happens and we need a doctor fast?"	"Why is this happening to us? Why can't I take my baby home like other new mothers can? When will our lives get back to normal?"
"He'll grow out of this stage!"	"I guess my son will never be like other children."
"Our relatives keep asking if there is anything they can do. I wish everyone would just leave us alone."	"Ever since we found out about the cerebral palsy, we hardly ever see our relatives, and when they do call, they never mention Johnny."
"She may not walk or talk, but everyone notices how sweet and lovable Sharné is!"	"I wish people wouldn't assume that my daughter's only attribute is her pleasant smile. If they really noticed, they'd see that she can do a lot of things for herself!"

"Our child learns things more slowly than others and she doesn't always know how to use what she knows. I guess when you think about it, that's not so scary after all. I can live with that."

"I thought I really had a handle on my child's seizure disorder—until she started public school. Then there were all these questions about her and I found myself once again feeling unsure of the answers."

"I guess what I've missed most are the normal milestones—that first bicycle ride without the training wheels, passing the driver's license test, packing for college."

"We've been told our child will never walk. We can build ramps up to the porch, but the part I'm worried about is getting the wheelchair in and out of the car."

"There is nothing we can't do! If I can learn these special techniques, so can other people. I'll be glad to teach them!"

"I have to laugh now. After all is said and done, it's my healthy normal 22-year-old who is moving back home for a while. My other son has been living in his group home now for a year and says he really likes it!"

Welcome to Holland

I am often asked to describe the experience of raising a child with a disability—to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this...

When you're going to have a baby, it's like planning a fabulous vacation trip to Italy. You buy a bunch of guidebooks and make your wonderful plans. The Coliseum. The Michaelangelo *David*. The gondolas in Venice. You may even learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?" you say. "What do you mean Holland? I signed up for Italy. I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guidebooks. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around and you begin to notice that Holland has windmills, Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy, and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever go away, because the loss of that dream is a very significant loss.

But if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things about Holland.

—Emily Perl Kingsley

Guidelines for Family-Centered Services

1. Take time to get to know the family. Building rapport and trust is the basis for mutual respect.

2. Create a variety of opportunities for information to be shared between families and care providers: home visits, center visits, newsletters, group meetings, individual conferences, bulletin boards, advisory committees, classroom volunteering, parent-assisted community outings, phone calls, daily diaries. Find out what works best for the family.

3. Recognize that the only constant in a young child's life may be the family. Listen to what the family says are its needs and support the family's efforts to support the child.

4. Respect and accept family diversity, including all the people the members of the family regard as "family," the family's socio-economic status, ethnic and cultural backgrounds.

5. Be nonjudgmental and sensitive toward the emotional needs of the family, including the need for privacy.

6. Respect at all times the family's right to confidentiality.

7. Design services for young children to be flexible in order to meet the child and family's needs. Consider part-day programs, including parents in morning circle, mixed-age groupings, and of course, integration of children with and without disabilities.

8. No single child care program is expected to meet all the needs of a family. Help the family identify and use other community agencies.

Bailey, D. B., McWilliam, P. J., Winton, P. J., & Simeonsson, R. J. (1991). *Guidelines for Family-Centered Services.* Unpublished document, University of North Carolina, Carolina Institute for Research on Infant Personnel Preparation, Chapel Hill, NC.

Effective Communication Skills

Communication Skills	Skills to Practice	Behaviors to Avoid
Listening Skills: focusing and following what a parent says. *RATIONALE:* • conveys acceptance, understanding • builds trust • creates a relaxed atmosphere	*NONVERBAL LISTENING SKILLS* • use facial expression to show interest • make natural eye contact • relax your posture • use relaxed gestures • modulate your voice to reflect emotional tone of parent • respect silences *VERBAL LISTENING SKILLS* • stay on the topic • make responses that are relevant • use vocabulary parents understand, including words or expressions they use	*NONVERBAL BEHAVIORS* Do not • take notes • stare • assume a rigid posture or expression • turn away *VERBAL BEHAVIORS* Do not • interrupt • talk too much • moralize, judge, criticize • change the topic • talk about yourself • advise too quickly • discount family's concerns
Reflecting Feelings: the ability to perceive and communicate an understanding of the parents' feelings by naming the feelings. *RATIONALE:* • helps parents become aware of feelings • helps parents identify and solve problems • lets parents know that you can sense the world as they perceive it.	*REFLECTING FEELINGS SKILLS* • be aware of what is said and how it is said • reflect feelings in a clear, concise way by naming the feelings you perceive in the parent	*INAPPROPRIATE REFLECTING BEHAVIORS* Do not • analyze parents' feelings • give advice as you reflect feelings

Winton, P. J. (1988). Effective communication between parents and professionals. In D. B. Bailey & R. J. Simeonsson (Eds.), *Family assessment in early intervention* (pp. 207-228). Columbus, OH: Charles E. Merill.

Communication Skills	Skills to Practice	Behaviors to Avoid
Reflecting Content:* *the ability to restate the content of a parent's message by using other words (paraphrasing) or by briefly summarizing. *RATIONALE:* • lets the parents know you understand what they said • highlights important aspects • secures consensus or agreement or identifies areas of disagreement • helps tie together different aspects of the conversation • summarizes	*REFLECTING CONTENT SKILLS* • reflect content in a clear, concise way • give equal emphasis to various topics covered in the conversation • summarize in a brief and organized way • intersperse reflecting content skills with other types of responses	*IN APPROPRIATE REFLECTING BEHAVIORS* Do not • be judgmental • make assumptions about what the parent means • parrot what the parent says (In other word, DO NOT OVERUSE THIS RESPONSE)
Effective Questioning:* *the ability to use open-ended questions to facilitate the discussion of topics of interest. *RATIONALE:* • open-ended questions elicit more elaborate responses than questions which can be answered with "yes", "no" or a simple fact • helps the interviewer understand the family • helps the family think things through	*TYPES OF OPEN-ENDED QUESTIONS* • "What" questions: ("What things have you tried with Johnny to help him improve his finger-feeding?") • "How" questions: ("How are you feeling about the things you've tried?") • "Could" questions: ("Could you tell me more about how Johnny's brother interacts with him at mealtime?")	*INAPPROPRIATE QUESTIONING PRACTICES* Do not • use too many "why" questions • use many questions that can be answered with a "yes", "no" or a single fact.

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1

Instructor Packet

4

The Preschool Environment: Supporting Children's Play

Notes to Instructor

Become thoroughly familiar with the *Infant/Toddler Environment Rating Scale* and training materials. (See Section III in Session One, p. 56.)

Write small group assignments on separate pieces of paper. (See Section V of Session Two, pp. 57-58.)

Module Flow Guide

(Two 2-hour Sessions)

	Topic	*Activity*	*Materials*	*Time Needed*
	Session One			
I.	**Welcome**	Group review	Student objectives	5 min.
II.	**Why plan the environment?**	Group discussion	Flipchart/blackboard Markers/chalk Overhead projector OT–Benefits of a ...	20 min.
III.	***Infant/Toddler Environment Rating Scale (ITERS)***	Video Group discussion Assignment	VCR, monitor Video: *Observations for the ITERS* Video Guide and Training Workbooks *ITERS*	75 min.
	Session Two			
IV.	**The role of the child care environment**	Group discussion	HO series–Ways to promote: positive self-concept, social interaction, independence, appropriate behavior, adult/child interaction HO–Health & safety ...	40 min.
V.	**The role of the care provider**	Lecture Small groups Group discussion	Pages with small group assignments	50 min.
VI.	**Wrap-up**	Group discussion	Overhead projector OT–What a Child...	15 min.

Student Objectives

FOCUS

Children's interactions with the people, objects and space around them are important in promoting growth, development and learning. A well-planned child care environment promotes a child's positive self-concept by providing security, challenge and opportunities to learn and explore independently. Such an environment integrates the interests, learning styles and physical attributes of all children.

For young children, play is learning. Establishing a well-planned environment is a good way to support a preschooler's play. Maintaining awareness of children's varying abilities and play styles helps teachers to know when a child needs help initiating or sustaining meaningful social interactions with others.

Awareness

Participate in an exercise that examines how the physical and human aspects of the environment convey certain messages.

Consider the child care environment from the child's perspective.

Knowledge & Skills

Identify the benefits of a well-arranged child care environment.

Administer parts of the *Infant/Toddler Environment Rating Scale* in a classroom.

State ways a well-planned environment can contribute to the child's positive self-concept.

State ways the environment can promote social interaction among children.

State ways the environment can promote independence.

State ways the environment can help manage the children's behavior.

State ways the environment can facilitate supervision and adult/child interaction.

State ways the environment can promote health and safety.

Describe three important considerations in selecting toys and play materials for young children.

Describe general characteristics of quality play between an adult and young child.

Describe three keys to setting the stage for productive free-play experiences for young children.

Describe general guidelines to follow to ensure that play activities include and challenge children with the following special needs: blindness or visual impairment, deafness or hearing impairment, physical disability, mental retardation.

Instructor Outline

I. Welcome

Highlight key concepts reflected in student objectives for this session. Answer any questions.

II. Why plan the environment?

Ask students to think of a store where they dislike shopping. What makes it frustrating and unpleasant to shop in this store? Write the responses on a blackboard or flipchart. Ask students to think of a store where they like to shop. What makes it easy and pleasant to shop in this store? Write their responses on the board or flipchart. Lead the group in a discussion about how children are affected by the environment in much the same way we as adults are. Point out that the environment includes not only how things are arranged, but how people act. Many of the descriptions of the store where people liked to shop could be applied to a well-planned child care setting. For example: people are friendly, materials are organized and found easily, lighting is good, temperature is comfortable, etc. (Dodge, 1988).

Summarize the benefits of a well-arranged child care environment by referring to the Overhead Transparency "Benefits of a Well-Planned Environment."

III. The Infant/Toddler Environment Rating Scale

Read the *Instructor's Guide* that accompanies the Video Observations for the *Infant/Toddler Environment Rating Scale* and follow directions for preparing the group for viewing the Video Observations.

Distribute Video Guide and Training Workbooks, the scale itself, show the video and complete the exercises as directed.

Assign students to complete **parts** of the *Infant/Toddler Environment Rating Scale* in a classroom at a community day care facility or at the community college lab day care center. It will be necessary for the instructor to arrange this ahead of time with participating centers. The students will decide which parts of the scale to complete depending on what time of day visits to participating centers can be scheduled. Make sure the child care program staff understands that the purpose of completing parts of the rating scale is to train students in the *Mainstreaming Young Children* course, and that results of the scale will not be shared with others. It may be necessary for two students to work together at one site in order to have enough sites for all students to participate. If that is the case, the students should go together and collaborate on-site as they complete the designated sections of the scale. In other words, both students should take part in rating each item rather than one student completing half the items in the section one day, and another finishing it on a different day. ●

IV. The role of the child care environment

As a technique for helping the students think about the contents of the rating scale, ask them to brainstorm ways a well-planned environment promotes the following:

- the child's positive self-concept
- social interaction among children
- independence
- the child's appropriate behavior
- adult/child interaction and supervision
- health and safety

Refer to the Handout Series "Ways to Promote..." and the Handout "A Health and Safety Checklist for Day Care Centers and Homes," to stimulate dialogue about the child care environment (*Student Handbook*, pp. 61-67). (NOTE: Later modules will address ways to promote language and communication in detail as well as child learning.)

V. The role of the care provider

As we have discussed, part of the child care provider's responsibilities includes arranging the physical setting so that it facilitates play. We have read in the rating scale and talked about essential activity areas in the preschool child care environment such as Blocks, Housekeeping and Cozy areas. From our knowledge about child development, we are aware of the importance of including opportunities for fine motor manipulation and gross motor play activities, and we would all agree on the benefit of encouraging artistic and musical expression. But *allowing for time and space to support these activities is only the beginning. We must also be sure the activity areas include a rich variety of appropriate materials and toys and that we, as teachers, know how to facilitate, support and guide play with those materials without thwarting the young child's spontaneity. Let's look more closely at this issue of selecting materials and supporting play.*

Divide the class into four small groups. Ask the students to imagine that each small group constitutes a different department within a large consulting firm. A community college has contracted with the firm to set up model preschool classrooms in which student teachers will receive training. Each department or small group has a different, but related, assignment in this project:

Group I is responsible for thinking of at least five ways an older preschooler's play differs from that of a baby.

Group II is responsible for developing five important considerations in selecting toys and play materials for young children.

Group III is responsible for establishing guidelines for an adult to follow when engaging in quality play with a young child.

Group IV is responsible for designing three steps in setting the stage for productive free play experiences for young children, including guidelines for ensuring that children with special needs are included in play.

Write each of these assignments on a separate sheet of paper and give one to each group. Allow the groups to meet for 15-20 minutes. During that time, float from one group to the next and answer any questions or provide examples as a way of getting the groups started on the right track.

Call the class back together and ask for one spokesperson from each group to present their ideas. Write key words on the blackboard or flipchart to represent each idea.

Ways an Older Preschooler's Play Differs From That of a Baby

- Babies explore objects with their mouths.
- Babies do not understand the function of objects and may treat objects alike (banging, for example).
- Older infants know to push a car rather than to bang, it or to throw a ball rather than to mouth it.
- Toddlers begin to pretend some things, like being asleep, or drinking from a toy cup.
- Toddlers use two or more objects together, showing functional relationships (stirring a spoon in a bowl).
- Older preschoolers use symbolic objects in play that are dissimilar from those used in real life (a block becomes pretend food to feed a toy horse).
- Older preschoolers engage in a series of symbolic play behaviors (pretending to first stir the soup, then feed the doll, then wipe the doll's mouth).
- Older preschoolers use imaginary objects and may talk to imaginary people.
- Older preschoolers enjoy playing with other children and planning play schemes with them.

Considerations in Selecting Toys for Young Children

- Toys for babies should encourage action.
- Toys should be durable, safe and attractive.
- Some toys should be selected to encourage social interaction and others should be chosen to be played with alone.
- Play materials should lend themselves to a variety of uses.
- Play materials should provide a variety of feedback—visual, tactile, auditory, kinesthetic.
- Different toys and materials should be purchased for children of different ages and challenge should be provided at all developmental levels.
- Toys should be responsive to children's actions.

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Guidelines for Quality Play

- The adult engages in turn-taking with the child.
- The adult is sensitive to the child's cues about mood or interest.
- The adult follows the child's lead, supporting and expanding upon activities the child initiates.
- Play involves many different types of communicating, with language playing an important role.
- The adult offers comfortable challenges to the child as part of play and encourages the child to work hard to achieve reasonable goals.
- The adult demonstrates flexibility in letting the child use or discover toys in his or her own way.
- The adult allows for different styles of playing.
- The adult facilitates and supports a child's shift from one type of play to another; for example, by making suggestions for ways a child can include or be included with others.

[Source: Willis & Ricciuti, 1975]

Setting the Stage for Productive Free Play

- Arrange the inside and outside play area thoughtfully: provide enough space and materials; offer developmentally appropriate materials, including any necessary adaptations for special needs; arrange interest areas in which small groups can cluster and play.
- Establish rules for children that are simple and told in advance, and have a plan for handling broken rules.
- Discuss staff roles and attitudes with others who are supervising the activities. Make sure you are on the same wavelength in terms of respecting the child's right to choose an activity, allowing children their own level of involvement, following plans for broken rules, and maintaining an awareness of the frequency and types of interactions among children, especially between children with and without disabilities. Model different ways to include children with special needs in the activities nonhandicapped children have selected, and vice versa, if you observe that play interactions are not occurring. Be ready to suggest activities for children who remain unengaged.

[Source: Cook, Tessier, & Armbruster, 1987]

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VI. Wrap up session

As a way of summarizing, review the Overhead Transparency "What a Child Might Ask About the Day Care Home or Center" with the group. Encourage students to lie on the floor or get down on their knees the next time they are in a child care setting. Ask them to look around the room from that vantage point and notice what they see. What would it feel like to be a small baby or toddler in that environment?

Answer any questions.

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Student Packet

4

The Preschool Environment: Supporting Children's Play

Module Flow Guide

(Two 2-hour Sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. Welcome	Group review	Student objectives	5 min.
II. Why plan the environment?	Group discussion	Flipchart/blackboard Markers/chalk Overhead projector OT–Benefits of a ...	20 min.
III. *Infant/Toddler Environment Rating Scale (ITERS)*	Video Group discussion Assignment	VCR, monitor Video: *Observations for the ITERS* Video Guide and Training Workbooks *ITERS*	75 min.
Session Two			
IV. The role of the child care environment	Group discussion	HO series–Ways to promote: positive self-concept, social interaction, independence, appropriate behavior, adult/child interaction HO–Health & safety ...	40 min.
V. The role of the care provider	Lecture Small groups Group discussion	Pages with small group assignments	50 min.
VI. Wrap-up	Group discussion	Overhead projector OT–What a Child...	15 min.

Student Objectives

FOCUS

Children's interactions with the people, objects and space around them are important in promoting growth, development and learning. A well-planned child care environment promotes a child's positive self-concept by providing security, challenge and opportunities to learn and explore independently. Such an environment integrates the interests, learning styles and physical attributes of all children.

For young children, play is learning. Establishing a well-planned environment is a good way to support a preschooler's play. Maintaining awareness of children's varying abilities and play styles helps teachers to know when a child needs help initiating or sustaining meaningful social interactions with others.

Awareness

Participate in an exercise that examines how the physical and human aspects of the environment convey certain messages.

Consider the child care environment from the child's perspective.

Knowledge & Skills

Identify the benefits of a well-arranged child care environment.

Administer parts of the *Infant/Toddler Environment Rating Scale* in a classroom.

State ways a well-planned environment can contribute to the child's positive self-concept.

State ways the environment can promote social interaction among children.

State ways the environment can promote independence.

State ways the environment can help manage the children's behavior.

State ways the environment can facilitate supervision and adult/child interaction.

State ways the environment can promote health and safety.

Describe three important considerations in selecting toys and play materials for young children.

Describe general characteristics of quality play between an adult and young child.

Describe three keys to setting the stage for productive free play experiences for young children.

Describe general guidelines to follow to ensure that play activities include and challenge children with the following special needs: blindness or visual impairment, deafness or hearing impairment, physical disability, mental retardation.

Ways to Promote Positive Self-Concept

Make sure the environment allows everyone to be mobile. Provide ramps, elevators, wide aisles, handrails or other architectural modifications as needed.

Make sure the environment encourages children to explore and discover what is around them. Once mobility is assured, arrange materials in interest areas that invite independent use by children. Incorporate numerous and varied opportunities throughout the day for children to handle materials.

Make sure the environment allows everyone a chance to demonstrate competence. Provide a variety of materials, toys and equipment that can be enjoyed by persons with varying abilities.

Make sure the environment provides ample opportunities for successful personal interactions. Are play areas large enough for more than one or two children to play? Do materials and space invite pairing of children and cooperative play?

Model positive reinforcement based on individual rather than group standards of achievement. Encourage peers to identify, promote and celebrate each other's strengths.

Ways to Promote Social Interaction Among Children

Make sure the environment includes materials and activities that promote interaction: dolls, tea sets, dress-up clothes and other dramatic play props; blocks and accessories such as cars, people, animals; gross motor and outdoor equipment that encourages participation by two or more; group games; group art such as painting a mural with others. (NOTE: Some materials and activities are fun for children to use by themselves, but do not promote social interaction. These include: pegs and pegboards, books, beads, swings, individual art activities.)

Structure interactive play: Encourage children to play games such as lotto matching or bingo and to work together on projects such as setting the table or cleaning up an interest area.

Make sure play areas are large enough for two or more children to play.

When necessary, suggest ways that children with disabilities can be included in play with their peers. Suggest, for example, that a child who uses a wheelchair be included in pretend play in the Housekeeping area: "Perhaps Jason can pretend to go to the store to buy the food for the dinner." Ask children directly to include someone: "Why don't you let Allison ride beside you in the car?" Give a child with severe physical or mental disabilities a toy that is a classroom favorite and encourage others to ask permission to play together with the child and the toy.

Comment on the strengths and unique abilities of all children as a way to help others want to interact with them. Make sure the curriculum includes ample opportunities to celebrate individual differences.

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Ways to Promote Independence

Use pictures to label storage areas so that children know where to find and store materials. Help children with visual impairments identify locations by touch.

Use pictures to define interest areas so that children can anticipate the activities within each. Help children with visual impairments tune in to identifying auditory cues.

Arrange materials on open, low shelves so that children can help themselves.

Use child-sized furnishings, including sinks, toilets, tables, chairs, water fountains. Incorporate special equipment in a routine and functional way so that children with physical disabilities can do as much for themselves as possible.

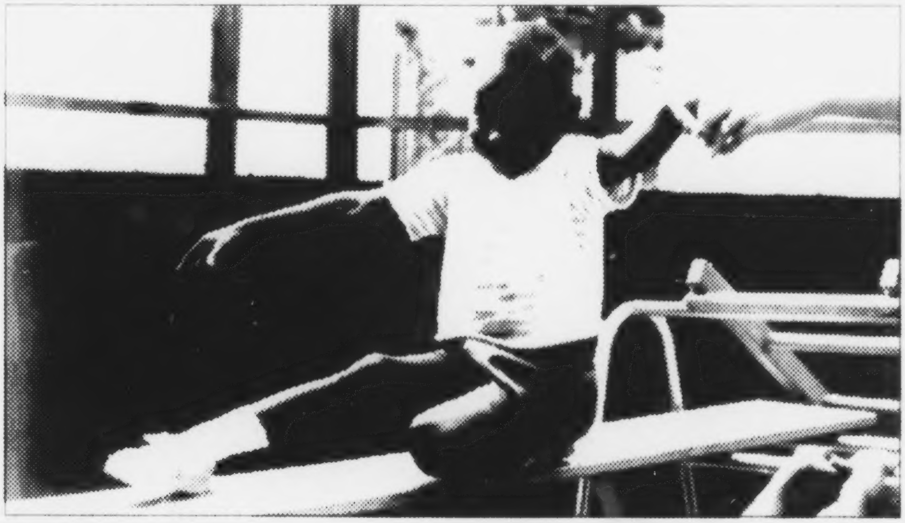
Follow a predictable schedule so that children learn to anticipate and prepare for the next activity.

When children with hearing impairments are included, use sign language throughout the day or develop and follow communication programs that work for them.

Make sure each child has access to his or her own cubby in order to store and retrieve personal belongings.

Support child choice and freedom of expression.

Encourage some degree of risk-taking for all children.



Ways to Promote the Child's Appropriate Behavior

Divide the room into attractive interest areas so that too much open space does not invite running.

Determine whether children can tell where activity areas start and end. Are the boundaries for different types of activities clear? (Art activities occur on the linoleum, for example.)

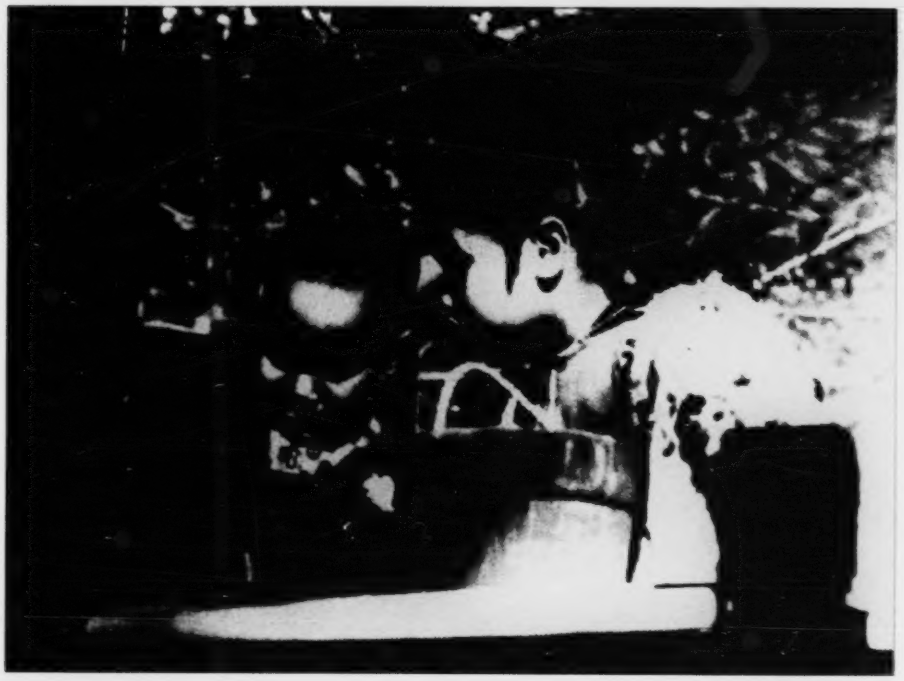
Make sure there are enough materials for everyone, including duplicates of favorite toys, and organize like things in a logical way.

Make sure there is enough space around the table for all the children involved in the table activity.

Make sure there are sufficient accessories in the Block area so that children are encouraged to do more than build and tear down structures.

Make sure there is space in the room for children to go to be alone when they want to.

Make sure each child has a cubby or space to store his or her personal belongings.



Establish simple, common sense rules and remind the children occasionally of what they are.

Ways to Promote Adult/Child Interaction & Supervision

Make sure job descriptions and staff roles are clearly understood and that they include specific responsibilities for interacting with the children.

Make sure the adult/child ratio is adequate.

Make sure all areas of the room can be seen by the staff.

Separate adult from child materials so that staff know where materials are stored and can retrieve them easily. Convenient storage allows staff to set up activities easily and therefore have more time to interact with children.

Prepare activity plans for each day and organize materials ahead of time.

Is adult furniture in the room used to encourage adults to interact with the children? For example, is there a comfortable adult-sized chair near the book or cozy area? Can the adults sit comfortably with the children at meals and snacks?

Practice following the child's lead and adding on to the play ideas the child initiates.

A Health & Safety Checklist for Day Care Centers & Homes

Health

☐ Is the air free of odors such as paint, kerosene, oil? Is ventilation adequate?

☐ Is the accessible area, especially the floor, free of small ingestible items such as buttons, needles, matches, coins, paperclips, toothpicks, etc.?

☐ Are rooms well lighted?

☐ Do furnishings, equipment and toys appear clean and in good repair?

☐ Are rattles and toys, especially those mouthed, frequently washed?

☐ Do babies have individual bibs, bottles, diapers, creams, wipes, changing pads?

☐ Do cribs or mats have individual covers?

☐ Can the diapering and toilet area be easily sanitized?

☐ Is storage for cleaning and dirty diapers adequate?

☐ Does caregiver wash hands after every diapering or toileting and before handling food?

☐ Is food preparation area clean?

☐ Is wholesome food served? Are menus available?

☐ Are babies held while bottle fed?

☐ Is there a policy of prompt isolation of fever, vomiting, rash?

☐ Are parents informed of contagious disease and accidents?

☐ Is medicine given only with parental permission and explicit instructions?

Safety

☐ Is furniture in good repair, not easily tipped, free of sharp edges, splinters, etc.?

☐ Are fire extinguishers, smoke detectors and a first aid kit present and in working order?

☐ Are stairways, stoves, heaters and hot pipes protected?

☐ Are safety covers on electrical outlets, cords out of reach, TV's and stereos pushed against the wall or in cabinets so that wiring is not accessible?

☐ Are cleaning supplies, herbicides, gasoline, etc. stored in locked cabinets?

☐ Is medicine stored in a locked box or cabinet?

☐ Is proper storage used for pencils, pens, empty cans, scissors, knives and other pointed or sharp objects?

☐ Are emergency numbers posted? (fire, rescue, police, poison control)?

☐ Is an emergency exit plan rehearsed regularly?

☐ Are safety restraints and car seats used whenever children are transported?

☐ Is the outdoor play area free of debris, animal contamination, dangerous objects and poisonous plants? Is there a fence? Does the sandbox have a cover?

☐ Does the caregiver closely supervise the children, indoor and outdoors?

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5

Instructor Packet

5

Planning & Teaching: Meeting Everyone's Needs

Notes to Instructor

Determine whether or not you want to organize a multidisciplinary panel presentation for Session One and take the necessary preparatory steps ahead of time. (See Section III in Session One, p. 73.)

If you do not organize a multidisciplinary panel, become thoroughly familiar with the video *People Who Can Help* and the *Young & Special Leader's Guide.* (See Section III in Session One, p. 73.)

Bring the following materials to class to facilitate the "Step by Step" activity (Section VIII, Session Four, p. 80): flashlight, bottle of nail polish, curling iron.

This module is comprehensive. Much of the material may be new to students. Read the Instructor's Outline, handouts and overhead transparencies carefully before each session and become comfortable and conversant about the planning and teaching strategies presented.

Module Flow Guide

(Four 2-hour sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. Highlight objectives & answer questions	Group review	Student Objectives	5 min.
II. The early intervention team	Lecture	Overhead projector OT—What is it? (early intervention team) HO—Key players… HO—Tasks …	50 min.
III. Coordinating services	Choose one: • Video • Multidisciplinary panel	Choose one: • Video: *People Who Can Help* & *Young & Special Leader's Guide* VCR, monitor • Activity–Questions …	50 min.
Session Two			
IV. Developing daily schedules	Lecture Group discussion	Overhead projector HO—How children learn HO—Developing classroom schedule OT–What is it? (engagement) HO—Strategies for creating smooth…	50 min.
V. Integrating special services	Small groups Group discussion Assignment	HO—Angie & Lamont HO Series—How to help children …	1 hr.
Session Three			
VI. Planning a developmentally appropriate curriculum	Lecture Group discussion Assignment	Overhead projector OT-What is it?(curriculum) HO-Selecting developmentally… Assignment–How curriculum design…	50 min.
VII. Helping children with disabilities	Role play Group discussion	HO Series–How to help children …	1 hr.
Session Four			
VIII. What is responsive teaching?	Lecture "Step by Step" Activity	Overhead projector OT–What is it? (RT) flashlight, nail polish, curling iron HO–Steps of …	1 hr. 50 min.
IX. Wrap-up session	Group discussion		10 min.

Student Objectives

FOCUS

Interagency and family collaboration is critical in planning a good Individual Family Service Plan or Individual Education Plan. The willingness to accept advice and share knowledge and information is essential to working effectively with others on the early intervention team. Decisions about individual goals for children need to be based on the child's ability to function productively and independently in a given environment, not on a child's diagnostic label. The use of appropriate and varied methods to assess young children provides the foundation for selecting or modifying a curriculum that meets everyone's needs. The curriculum should focus on all developmental areas in an integrated way and support the child's feelings of self-worth and happiness.

Awareness

Watch a video that illustrates the need for coordination of educational and therapy programs for children with special needs.

OR

Attend a panel presentation of representatives from various disciplines on the early intervention team.

Knowledge & Skills

Define the purpose of the early intervention team and describe the possible disciplines and roles of its members.

Describe the purpose of an Individual Family Service Plan or an Individual Education Plan.

State how an Individual Family Service Plan or an Individual Education Plan is developed by describing four tasks of the early intervention team.

Describe the difference between long-range goals and short-term objectives.

State three principles of how children learn that care providers should remember when planning schedules and activities.

List at least three characteristics of a good daily schedule for young children in an integrated child care program.

Define engagement and describe techniques that facilitate children's smooth transition from one activity to another and that maximize engagement.

Define curriculum and give examples of what is meant by six characteristics of a developmentally appropriate curriculum:

1. Provides activities that stimulate all areas of a child's development **without** isolating one area at a time: cognitive, fine motor, gross motor, language, self-help, social-emotional.

2. Builds upon an environment for children that encourages them to explore and move, to interact with materials and people and to experiment.

3. Includes a variety of fun activities that have been planned based on careful observation of each child's special interests, abilities and preferred ways to learn. In other words, the curriculum gives all children a chance to show competence and to be challenged.

4. Provides materials and activities that are concrete, real and relevant to the lives of young children.

5. Provides materials and activities that increase in difficulty, complexity and challenge as children develop understanding and skills.

6. Offers a balance of indoor and outdoor play, rest and active movement (Bredekamp, 1987).

—NAEYC position statement on developmentally appropriate practice

Explain how the following curriculum designs influence children's participation in future settings: (1) one that supports child-directed learning opportunities (2) an integrated curriculum for children with and without disabilities.

Define Responsive Teaching and give examples of the following steps of Responsive Teaching:

1. Let the child select the activity.
2. Attend to what the child does.
3. Allow the child to play.
4. Encourage elaboration (modeling, prompting).
5. Allow for practice of the new skill.
6. Reinforce.

Define the following teaching strategies: modeling, prompting, reinforcing and task analysis.

Role play strategies for helping children with the following disabilities in the integrated classroom: visual impairments or blindness, hearing impairments or deafness, communication problems, substantial physical and/or mental disabilities.

Instructor Outline

I. Welcome

Highlight key concepts reflected in student objectives for this module. Answer any questions.

II. The early intervention team

Discuss the importance of working with the early intervention team to plan services for the young child with disabilities and the family.

Define early intervention team.

We have learned about the sequence of skills and milestones most children achieve as they grow and develop. We've talked about how some children, because of special circumstances, take longer to reach these milestones. Experience has shown us that parents usually know the most about their children; they are the real "experts." In planning integrated services for children with special needs, sitting down to talk with the family is the first place to start.

Families have had to mainstream their child with disabilities since birth, and they know a lot about it. They are the ones who have integrated the child into their homes and communities. Families can provide valuable tips about how to organize the child care environment so that the child can use it successfully. They can also provide critical information to care providers about how to help their child learn.

So you see, if you are serving a child with special needs in your classroom, you won't be planning the child's program alone! You will have the help of the child's family and that of a network of people who help to plan services and strategies to facilitate the child's growth and development. This network is called the early intervention team and members of the team may have worked with the family for much of the child's life.

Refer to the Overhead Transparency "What is it?" to define early intervention team.

When parents enroll a child with disabilities in a child care program, the care provider becomes a part of the early intervention team. Effective intervention requires cooperation among the key people involved in the child's life. Their willingness to accept advice and to share information and knowledge is essential. The needs of the child and family will determine the membership of the early intervention team, but often included are:

- *family members,*
- *child care providers,*
- *early intervention specialists,*
- *physicians or other medical personnel,*
- *speech and language pathologists,*
- *occupational and physical therapists, and*
- *others such as clergy, social worker, nutritionist.*

Ask students to help define the multiple disciplines represented on the early intervention team. Refer to Handout "Key Players on the Team" (*Student Handbook*, p. 73.)

Describe the main purpose of the early intervention team.

The main purpose of the early intervention team is to make decisions about what services the child with disabilities needs and how these services are to be delivered and evaluated. In other words, the team puts together a comprehensive plan tailored to help the individual child develop and learn. This plan serves as a guide for the family and key players providing services to the child. For young children below the age of three, the plan is called an Individual Family Service Plan. For children ages three through five, it is called an Individual Education Plan. In developing the child's individual plan, there are at least four main steps the early intervention team follows.

Refer to the Handout "The Tasks of the Early Intervention Team" (*Student Handbook*, pp. 74-75). Describe the difference between long-range goals and short-term objectives and give examples of some that might be developed by an early intervention team.

Sample Goal & Objective

- **Long range goal: LaToya increases her expressive vocabulary.**
- **Short term objective: LaToya uses "big" and "little" correctly to describe the size of objects.**

III. Coordinating services

Discuss the need to coordinate educational and therapy programs for young children with special needs.

Choose one of the following activities:

Refer to the video tape summary on page 7 of the *Young & Special Leader's Guide* and introduce and show the video tape *"People Who Can Help."* Afterwards, consider leading the group in a discussion of questions 1, 6, 9, 12, 13, 16 and 24 on pages 8 and 9 of the *Young & Special Leader's Guide.*

OR

Coordinate a panel presentation from representatives of the various disciplines included on an early intervention team. Such a panel might include a speech and language pathologist, a pediatrician, an early intervention specialist, a parent, a care provider. For information about how to locate such people, contact the local Mental Health Agency, school system, Developmental Evaluation Center or developmental day program. Consider asking panel members ahead of time to come prepared to describe their jobs relative to helping young children with disabilities. Encourage them to focus in their presentations on the importance of communication among families, specialists and care providers. Ask questions about whether they have had experience providing services in integrated day care settings, and if so, to describe the challenges and successes. Ask parents to comment on strategies they have used to coordinate all the services for their child.

IV. Developing daily schedules

Present principles for developing good daily schedules for integrated preschool classrooms.

In developing daily schedules and activities for young children, care providers should keep in mind basic principles about how children learn. Let's look at three of these learning principles.

Discuss the Handout "How Children Learn" (*Student Handbook,* p. 76). Ask students if they can think of additional learning principles.

Keeping our learning principles in mind, let's list together some of our ideas about what makes a schedule work for both care providers and children.

Encourage students to offer ideas about guidelines to follow in developing classroom schedules. List their suggestions on the flip chart or blackboard along with any from the guidelines below.

Guidelines for Developing Schedules

For infants and toddlers

1. Care providers should think in terms of general routines rather than rigid schedules in order to meet the changing and individual needs of infants and toddlers.
2. Feeding times and sleep times for infants should follow the child's indications of hunger and fatigue. In other words, infants should be fed when hungry and allowed to sleep when sleepy.
3. Time should be allowed for care providers to hold infants while feeding them bottles.
4. Diapers should be changed when wet or dirty, although it is a good idea to schedule times for routine diaper checks.
5. Times for activities that the child chooses, such as floor or mat play, should be generously scheduled, again according to the child's own schedule and interest. Children who are awake should not be left in cribs or playpens.
6. Outdoor time should be scheduled everyday.
7. Time should be included for care providers to initiate activities with infants and toddlers on a one-to-one and small group basis.
8. Arrival and departure times should allow for relaxed conversation with parents.

Guidelines for Developing Schedules

For older preschoolers

1. Both large-group and small-group activities should be included, with the majority of activities planned for small groups.
2. A balance of teacher-directed and child-initiated activities should be provided.
3. A minimum of one hour for active physical play outdoors every day is suggested.
4. Time for active, noisy play and more quiet play needs to be balanced across the day.
5. Time should be built into the schedule for children to help with routine activities like cleaning up or setting out cots.
6. The schedule should facilitate smooth transitions that eliminate times when children are unengaged and waiting for the next activity to occur. The schedule should support movements of small groups from one activity to the next rather than assume that all such transitions are with the large group only.
7. The schedule should include plenty of time for toileting, handwashing and brushing teeth.

In addition to the guidelines we have just discussed, there are a few special considerations to keep in mind when developing a schedule for a classroom in which children with and without disabilities are enrolled.

Lead a discussion about the Handout "Developing the Classroom Schedule" (*Student Handbook*, p. 77.)

Brainstorm using the student's ideas for creating smooth transitions between activities. Stress the importance of maximizing the amount of time children interact productively with their environment. The child's active interest in the objects, space and persons around them is called "engagement." Refer students to the Overhead Transparency "What is it?" for a definition of engagement. Point out that many of the unmanageable behaviors reported by care providers occur during transitions from one activity to another. Children are often unengaged during transitions when they have to wait for the next activity to begin; for example, as the entire class lines up to leave the lunchroom or when children are sitting in chairs waiting for circle to begin.

After brainstorming using the student's ideas for creating smooth transitions, refer to the Handout "Strategies For Creating Smooth Transitions" to summarize (*Student Handbook*, p. 78.)

V. Integrating special services

Discuss the importance of integrating special services and opportunities to assist a child with individual objectives within the regular routines of the day.

Conduct the following activity to stimulate ideas about how to schedule opportunities for children with special needs in an integrated classroom and how to work on individual goals or provide special services. Divide the class into small groups of 4-5. Refer students to the Handout "Angie and Lamont" (*Student Handbook*, pp. 79-80). Explain that each group of caregivers is to decide on how it would schedule time to meet the special needs of Angie or Lamont. Point out how functional Angie and Lamont's objectives are; the skills targeted will help them get along better day-to-day. Remind students of the importance of providing Angie and Lamont with meaningful opportunities to practice their skills, opportunities that show them how their new skill will help them. Challenge the students to try to fit these opportunities and the special therapies into the natural flow of the day. Assign either Angie or Lamont to each group allow at least 20 minutes for the groups to meet. Then, reconvene the class and ask for each group to present their suggestions. Reinforce all ideas that integrate Angie and Lamont's activities in a functional way, for example, by encouraging Angie to practice moving her own wheelchair on the way to lunch or Lamont to put his own hearing aids in after nap. Underscore all ideas of providing the special therapies during the regular class time, for example, by having the physical therapist work with Angie near a favorite piece of playground equipment during outdoor time, or having the speech and language pathologist work with Lamont in a way that includes another child or two during open centers in the classroom.

Assign students to read the Handout Series "How to Help Children with..." (visual impairments, hearing impairments, communication problems, physical and mental disabilities) before the next session (*Student Handbook*, pp. 84-92). ●

VI. Planning a developmentally appropriate curriculum

During the last session we discussed how children learn and we talked about the importance of developing schedules for young children that meet their physical and developmental needs. We examined ways to integrate services for children with special needs into the flow of the mainstream, in other words, into the routines and rhythms of the regular day. The schedule is a way to organize the activities you plan. When care providers talk about developing a schedule of activities based on how young children learn, they often use the word "curriculum."

Refer to the Overhead Transparency "What is it?" to define curriculum.

In selecting a curriculum to use with young children, care providers may want to choose from among those that are commercially available. It is important to keep in mind the ages and abilities of the children you are serving. This is true for all groups, including those with children who have disabilities. Whether you use a curriculum produced by someone else or decide to develop one of your own, there are some basic guidelines to follow in selecting activities for young children.

Refer students to the Handout "Selecting a Developmentally Appropriate Curriculum" (*Student Handbook,* pp. 81-82). Explain that by "developmentally appropriate," we mean that the schedule and activities match the different needs, interests and abilities of the children. Using the discussion questions listed on the handout, lead the group in a discussion of the characteristics of a developmentally appropriate curriculum.

For homework, assign students to think about and explain in writing how the following curriculum designs influence children's participation in future settings:

- one that supports child-directed learning opportunities
- an integrated curriculum for children with and without disabilities.

Refer students to the Assignment sheet "How Curriculum Design Affects Children" (*Student Handbook,* p. 83).

VII. Helping children with disabilities

Let's look more closely at some specific strategies for helping children who have disabilities to learn, have fun and realize their potential as group members alongside their non-disabled peers!

Refer students to the Handout Series "How to Help Children with..." in preparation for the next activity (*Student Handbook,* pp. 84-92). Divide the class into four small groups and assign each group to study one of the following handouts in the series:

- How to Help Children with Visual Impairments
- How to Help Children with Hearing Impairments
- How to Help Children with Communication Disorders
- How to Help Children with Substantial Physical and/or Mental Disabilities.

Ask the groups to pay particular attention to the sections on Learning Experiences and Interacting and to be prepared to act out two strategies that they choose from each section. Suggest that all members of the group participate in the role play; for each strategy, different students can be the care provider and the student with special needs. For strategies that facilitate interaction with other children, two students may want to play the children, one with special needs and the other without. Have a couple of boxes of toys and other props available during this session for the students to use in the role plays.

Allow the groups to meet for 15 minutes or so, then start the role plays. One group should present at a time, so that all students will have a chance to learn from and discuss the strategies.

VIII. What is responsive teaching?

Introduce Responsive Teaching.

When a care provider puts together a carefully planned environment that offers children a variety of appropriate materials and activities from which to choose, much of her work is already done. She has talked with families, made observations and perhaps used a developmental checklist to determine the interests and abilities of the children. If she is serving a child with special needs, she may have worked with the other members of the early *intervention team to plan services and activities for the child. But in addition to these* ***planning*** *activities, a person who provides care for young children is involved in* ***teaching****.*

One of the learning principles that guides us as we schedule and plan activities for young children is that children learn best when they are actively interacting with and making decisions about their environment. This same principle helps us to choose the way we interact with the children—the way we teach. ***Responsive Teaching is a way that care providers help children learn new skills by following their lead and building upon what they do.*** *You have probably practiced Responsive Teaching before without knowing it.*

Refer to the appropriate Overhead Transparency "What is it?" as you describe Responsive Teaching.

Responsive Teaching involves six steps:

1. *Let the child select the activity.*
2. *Pay attention to what the child is doing.*
3. *Allow the child time to practice and play.*
4. *Encourage the child to elaborate on what he or she is doing.*
5. *Give the child a chance to practice the new skills.*
6. *Reinforce the behavior.*

We will talk more about these steps in a moment.

Setting the Stage for Responsive Teaching

Explain and discuss three helpful tips for setting the stage for Responsive Teaching:

1. **Review the toys and materials available throughout the room in order to determine if they provide an opportunity for the children to demonstrate competence, to be challenged, and to have fun.**

2. **Develop a system for reminding yourself of what you hope each child will accomplish in the different interest areas of the room. For example, write any individual objectives, including those for children with special needs, on cards with the children's names on them. Post the cards in the interest areas where it makes the most sense for activities involving the objectives to occur.**

EXAMPLE: The early intervention team has agreed that Maxwell should increase the strength and control of the muscles in his hands. You and the family have noticed how much Maxwell enjoys the Housekeeping area. You develop some short-term objectives for Maxwell that will help him increase his hand strength and control. You jot these on a card that you post in the Housekeeping area. Here, he will have ample opportunities to open and shut play food containers, turn and tighten lids, stir play food, string beads for a new necklace in the dress-up corner, fold baby's blanket, and so on.

3. Think about how to break individual objectives down into small steps. This is called **task analysis.**

EXAMPLE: One of LaToya's short-term objectives is to describe objects as "big" or "little." LaToya's care provider has thought about the different concepts LaToya must learn first, before she can use the words "big" and "little" to describe things. She has broken the objective down into small steps. She has decided to look for opportunities to help LaToya learn about big and little when she is playing in the Block area. One of the first skills she will look for as LaToya plays is whether LaToya puts big blocks together in a group. The care provider will play alongside LaToya and make a pile of big blocks. She will then ask LaToya to find another block to go in the pile. The care provider knows that before LaToya can describe objects as big or little, she must be able to match and then sort them by size.

Divide the class into small groups of 4-5 students for an activity called "Step by Step." Ask the groups to think about this notion of "task analysis" or breaking objectives down into small steps. Direct each group to develop steps for teaching one of the following tasks:

- assemble a flashlight
- use a phone
- put on nail polish
- use a curling iron
- purchase a drink from a machine.

Suggest that each group start by selecting one of its members to be the "student" while the other members give directions for completing the task. One member should take notes as the group decides how to order the sub-steps. Keeping the small groups intact, ask each to report on their experiences in analyzing their task.

While the class is still divided into small groups, describe the six steps of Responsive Teaching following the Handout "Steps of Responsive Teaching" (*Student Handbook,* p. 93). Stress the definitions of modeling, prompting and reinforcing. Ask each small group how they would use these steps to help LaToya learn to describe objects as big or little. Allow the small groups to meet for at least 20 minutes. Then ask them to share their ideas. Encourage ample discussion and allow time to answer all questions.

Consider the following responses:

1. **Let the child select the activity.**
   Make sure that big and little objects that are otherwise alike are available throughout the room for LaToya to play with. There should be big and little dishes in the Housekeeping area, big and little blocks and cars in the Block area, big and little books, big and little stuffed toys, and so on.
2. **Pay attention to what the child is doing.**
   Sit beside LaToya in the Block area and observe what she is doing. Comment on her construction: "You have built a road for cars."
3. **Allow the child time to practice and play.**
   Let LaToya play and continue to watch what she does. Think about the steps that lead up to being able to describe objects as big or little. Does LaToya use both big and little blocks? Does she do anything to indicate that she perceives a difference in their sizes? For example, does she naturally group big or little blocks together in any way? Begin to play alongside LaToya and imitate some of the things she does.
4. **Encourage the child to elaborate on what she is doing.**
   After imitating what LaToya does for a while, do something different that is perhaps a step harder along the task analysis leading up to

describing objects as big or little. For example, use only big blocks in your construction. Say aloud what you are doing: "I'm building with big blocks." See if she imitates you. Prompt her by giving her big blocks to use in her construction. Tell her: "LaToya is using big blocks, too." Then, perhaps on another day, use only little blocks. Later, play a game with LaToya where you ask for a big block, then a little block for the magic castle you are building. Describe the size of the block as she gives it to you:
[Care Provider]: "Yes, that's a big block." Then ask her, *[Care Provider]:* "What's this?" *[LaToya]:* "Big block!" *[Care Provider]:* "Yes, good! It's big!".

5. **Give the child a chance to practice the new skill.**
   Arrange blocks of different sizes near LaToya and play beside her as she builds with big and little blocks. Describe what she is doing and listen to what she says about her activities. Provide many opportunities for LaToya to demonstrate that she knows how to choose big or little blocks. Listen for LaToya to use the words "big" and "little." Be sure that other big and little objects besides blocks are in the Block area for LaToya to use.
6. **Reinforce the desired outcome.**
   Let LaToya know how pleased you are at her ability to choose or label big or little blocks. Continue to play with her and provide opportunities for her to play alone. Don't forget to smile and comment on what she is doing. Be sure to notice when LaToya correctly describes other objects as big or little and give her lots of praise!

IX. Wrap-up session & answer any questions

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5

Student Packet

5

Planning & Teaching: Meeting Everyone's Needs

Module Flow Guide

(Four 2-hour sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. Highlight objectives & answer questions	Group review	Student Objectives	5 min.
II. The early intervention team	Lecture	Overhead projector OT—What is it? (early intervention team) HO—Key players… HO—Tasks …	50 min.
III. Coordinating services	Choose one: • Video • Multidisciplinary panel	Choose one: • Video: *People Who Can Help*& *Young & Special Leader's Guide* VCR, monitor • Activity–Questions …	50 min.
Session Two			
IV. Developing daily schedues	Lecture Group discussion	Overhead projector HO—How children learn HO—Developing classroom schedule OT-What is it? (engagement) HO—Strategies for creating smooth…	50 min.
V. Integrating special services	Small groups Group discussion Assignment	HO—Angie & Lamont HO Series—How to help children …	1 hr.
Session Three			
VI. Planning a developmentally appropriate curriculum	Lecture Group discussion Assignment	Overhead projector OT-What is it?(curriculum) HO-Selecting developmentally… Assignment–How curriculum design…	50 min.
VII. Helping children with disabilities	Role play Group discussion	HO Series–How to help children …	1 hr.
Session Four			
VIII. What is responsive teaching?	Lecture "Step by Step" Activity	Overhead projector OT–What is it? (RT) flashlight, nail polish, curling iron HO–Steps of …	1 hr. 50 min.
IX. Wrap-up session	Group discussion		10 min.

Student Objectives

FOCUS

Interagency and family collaboration is critical in planning a good Individual Family Service Plan or Individual Education Plan. The willingness to accept advice and share knowledge and information is essential to working effectively with others on the early intervention team. Decisions about individual goals for children need to be based on the child's ability to function productively and independently in a given environment, not on a child's diagnostic label. The use of appropriate and varied methods to assess young children provides the foundation for selecting or modifying a curriculum that meets everyone's needs. The curriculum should focus on all developmental areas in an integrated way and support the child's feelings of self-worth and happiness.

Awareness

Watch a video that illustrates the need for coordination of educational and therapy programs for children with special needs.

OR

Attend a panel presentation of representatives from various disciplines on the early intervention team.

Knowledge & Skills

Define the purpose of the early intervention team and describe the possible disciplines and roles of its members.

Describe the purpose of an Individual Family Service Plan or an Individual Education Plan.

State how an Individual Family Service Plan or an Individual Education Plan is developed by describing four tasks of the early intervention team.

Describe the difference between long-range goals and short-term objectives.

State three principles of how children learn that care providers should remember when planning schedules and activities.

List at least three characteristics of a good daily schedule for young children in an integrated child care program.

Define engagement and describe techniques that facilitate children's smooth transition from one activity to another and that maximize engagement.

Define curriculum and give examples of what is meant by six characteristics of a developmentally appropriate curriculum:

1. Provides activities that stimulate all areas of a child's development **without** isolating one area at a time: cognitive, fine motor, gross motor, language, self-help, social-emotional.
2. Builds upon an environment for children that encourages them to explore and move, to interact with materials and people and to experiment.
3. Includes a variety of fun activities that have been planned based on careful observation of each child's special interests, abilities and preferred ways to learn. In other words, the curriculum gives all children a chance to show competence and to be challenged.
4. Provides materials and activities that are concrete, real and relevant to the lives of young children.
5. Provides materials and activities that increase in difficulty, complexity and challenge as children develop understanding and skills.
6. Offers a balance of indoor and outdoor play, rest and active movement (Bredekamp, 1987).

Explain how the following curriculum designs influence children's participation in future settings: (1) one that supports child-directed learning opportunities (2) an integrated curriculum for children with and without disabilities.

Define Responsive Teaching and give examples of the following steps of Responsive Teaching:

1. Let the child select the activity.
2. Attend to what the child does.
3. Allow the child to play.
4. Encourage elaboration (modeling, prompting).
5. Allow for practice of the new skill.
6. Reinforce.

Define the following teaching strategies: modeling, prompting, reinforcing and task analysis.

Role play strategies for helping children with the following disabilities in the integrated classroom: visual impairments or blindness, hearing impairments or deafness, communication problems, substantial physical and/or mental disabilities.

Key Players on the Team

the family: It is usually the parents who are on the early intervention team, although anyone the family identifies as the primary caregiver may participate. Family members generally spend the most time with the child and are the most knowledgeable about the child's skills and needs.

early intervention specialists: Early childhood teachers or consultants specialize in helping the child to learn and develop. They are often available to visit the child in the day care setting where they give care providers helpful tips for integrating and teaching children with special needs.

speech-language pathologist: This person specializes in communication disorders concerning voice articulation (pronunciation), oral motor skills, language (vocabulary) and hearing. Oral motor skills refer to the way the muscles of the mouth and face work. A speech and language pathologist helps a child use language.

physical therapist: This person specializes in large motor function related to coordination, balance, muscle strength, endurance, range of motion and mobility. A physical therapist helps a child move the large muscles of the body, for example, by helping a child to walk.

occupational therapist: This person specializes in fine motor (small muscle) skills, oral motor skills, and activities of daily living. An occupational therapist might help a child learn to use a spoon or get dressed.

service coordinator: This person helps the family coordinate all the special services for the child.

nurse or doctor: Occasionally a medical staff person participates on the early intervention team, particularly when the child has serious health problems. He or she provides valuable information about the health needs of the child in the child care setting.

care provider: The child's care provider is one of the most important persons on the team. She spends much time with the child and provides important insights about what the child likes, what his or her abilities are, and what challenges the child. She is instrumental in putting into practice in the child care setting many of the recommendations of the team.

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The Tasks of the Early Intervention Team

Assessment

First of all, the team needs information to assist them in making decisions about the child. Assessing the child's strengths and needs is one way of gathering that information. Assessments can include formal tests and informal interviews, checklists or observations. They should be nondiscriminatory and include objective and subjective information.

Each team member is responsible for gathering, interpreting and reporting information about the child. Specialists, care providers and families may be assessing different areas of the child's development, or they may be looking at the same areas of development in different ways. It is the responsibility of the early intervention team to integrate all the information so that the abilities and needs of the "whole child" are represented.

Making decisions

The information gathered during the assessment process is used by the team as they begin to make decisions about what services are needed. Having discussed the strengths, resources and desired outcomes for the child and family, a variety of alternatives can be generated for providing services. It is the team's task to weigh the merits of all alternatives and choose those that best meet the child and family's needs. The team then writes an individual plan for the child called either an Individual Family Service Plan (for children under 3 years) or an Individual Education Plan (for children 3-5 years old). Long-range goals that reflect those outcomes hoped to be realized by the end of the year and short-term objectives that can be accomplished month-by-month should be included. Copies of this plan are provided to the family and all other members of the early intervention team.

The Tasks of the Early Intervention Team

Delivering services

The decisions made by the early intervention team may concern the child's placement or strategies for intervention. The decisions may be influenced by a variety of factors including the family and child's specific needs, the parents' preference and experience, resources available in the community, the experience and recommendations of professionals, and administrative or budgetary constraints.

It is often the case that a variety of different services need to be provided. Finely-tuned team coordination is required in order to work out schedules and services that do not conflict with or duplicate each other. The team must consider the possibility that when many people are involved in service delivery, the child and family may feel that their lives have become fragmented or splintered. Just as the focus during the assessment process is on the "whole child," it is the team's responsibility to monitor the intervention strategies in order to promote the provision of quality integrated services to the child with special needs.

Evaluation

Communication among the early intervention team members is ongoing and should include feedback about how the planned interventions are going. More formal periodic review of the child's program should also occur, at least every six months. The Individual Family Service Plan and the Individual Education Plan can be revised whenever needed.

How Children Learn

1. Children learn best when they feel good about themselves. For young children, this begins when their physical needs are met by caring adults in a healthy and safe environment.

2. Children need to use their whole bodies and their five senses in learning about the world around them. This requires actively interacting with people, objects and space. Everything is new to them! They are learning about themselves and how they work as they learn about their surroundings.

3. Children learn best when they have choices about the activities they engage in. Children are naturally curious and energetic. When adults encourage children to try out their ideas to see what happens, they are helping them to feel good about themselves and are laying the groundwork for children to develop responsibility.

Developing The Classroom Schedule

1. If more than one child with special needs attends, any small group assignments should fully integrate the children with their nonhandicapped peers.

2. Time will need to be included for any routine care of special equipment, such as hearing aids or orthopedic braces, and for any special procedures with the child, such as positioning.

3. Special services such as speech, language, occupational and physical therapies can be scheduled to occur in the classroom during the regular class time. These activities can include children without disabilities so that the child with special needs does not feel singled out.

4. Transitions should be planned with the special needs of all children in mind. It may take longer, for example, for a child using a walker to get to the playground.

5. Like many children and adults too, children who have disabilities often have more energy in the morning. It is often better to schedule therapies and activities requiring concentrated attention before lunch. Allow children who are fatigued to rest as needed.

6. As with all children, arrival and departure times should allow for relaxed conversations with parents.

Strategies for Creating Smooth Transitions

1. Provide children with plenty of notice before it is time to change activities. Let them know, for example, three minutes before that a transition is coming.

2. Use environmental cues to prepare children for the next activity. Turn off the lights and close the blinds as naptime approaches. Talk about the food odors coming from the kitchen before lunch.

3. Encourage children to prepare for the next activity by cleaning up or setting up. Giving them responsibilities for routine tasks is a good way to stimulate their interest about activities and to keep them engaged.

4. Following consistent routines is especially beneficial for young children with and without disabilities. When children know what to expect from day to day, they can better prepare themselves for transitions.

5. Organize the child care setting so that materials are easily accessible for adults and children. Storing like things together and labeling storage bins or shelves with pictures of where each type of item goes facilitates clean-up by making it easy for children to help.

6. Whenever possible assign staff to areas of the room, not to students. When activity areas are routinely supervised by the same staff person while children move among them, care providers become "experts" in their particular activity area while getting to know the abilities of all the children in that area. When staff set up centers or activities ahead of time, it makes it possible for children to engage in that activity without waiting.

7. Develop a repertoire of transition songs or games children can enjoy as they prepare to change activities, such as "This is the Way We (*fill in the blank*)."

8. Establish eye contact or touch the child to get his or her attention. Call the child's name and give personal fun directions for moving to the next activity. "Sam, clap your hands twice, turn around, then join your friends at the art center." Vary the directions you give each child.

9. Always tell young children ahead of time if you plan to pick them up to help them change activities, for example in helping a child with physical disabilities to move.

10. Always talk to babies and very young children about what you are doing with them, and what you are going to do next.

Angie & Lamont

You are a care provider in an integrated classroom. You are preparing to meet with the early intervention team, including the parents, to review the Individual Education Plan for your new student (either Angie or Lamont). You and the other care providers in your room are meeting to discuss ways you can help the new child meet his or her objectives (described below) in your classroom. You want to be able to share these ideas at the early intervention team meeting in order to get feedback and suggestions from team members about the best way to serve the child.

Angie: Angie is a four year-old girl who has spina bifida. She uses a wheelchair to get around and is working on learning to transfer in and out of the chair. She needs 20-30 minutes of physical therapy a day from a physical therapist. Family and care providers also need to help her strengthen her motor skills.

Two of the short-term objectives on Angie's Individual Education Plan are:

1. Angie pushes the wheels of her own wheelchair to make herself move forward 3 feet.

2. Angie pulls to stand from a sitting position and stands with support for 5 seconds.

Lamont: Lamont is a three year-old boy who has a moderate hearing loss. He wears hearing aids and receives therapy from a speech-language pathologist for at least 30 minutes a day.

Two of the short-term objectives on Lamont's Individual Education Plan are:

1. Lamont places hearing aids in his own ears correctly.

2. Lamont uses prepositions *in, on* and *under* correctly to describe the location of objects.

With your group of "co-workers," review the schedule on the following page and develop several options for meeting Angie or Lamont's special needs in your integrated classroom. Write on your schedule when Angie could receive physical therapy 20-30 minutes each. Make notes about when she could practice moving her own wheelchair and pulling to stand. When could Lamont put in his own aids and practice using his prepositions? When could he receive speech and language therapy? Keep in mind the importance of the child participating in the regularly scheduled activities "in the mainstream." Remember that you are coming up with options from which the family and other early intervention team members can help you choose.

Be prepared to share your group's ideas when the class reconvenes.

Current Classroom Schedule

7:30-8:00	Arrival, open centers
8:00-8:15	Toilet, wash hands for snack
8:20-8:35	Snack
8:40-9:00	Morning circle (large group)
9:00-9:50	Open centers (small groups)
9:50-10:00	Clean up
10:05-11:05	Outside active play
11:10-11:25	Toilet, wash hands for lunch
11:30-12:00	Lunch
12:05-12:20	Toilet, brush teeth, prepare for nap
12:20-1:50	Nap
1:50-2:00	Put away cots, toilet if needed
2:00-2:20	Afternoon circle (large group)
2:20-3:15	Open centers (small groups)
3:15-3:25	Clean up
3:25-3:40	Toilet
3:45-5:00	Outside active play

Selecting A Developmentally Appropriate Curriculum

A curriculum that meets the needs of the children you serve is planned to be appropriate for their ages and abilities. It is implemented with attention to the different needs, interests and developmental levels of the individual children in the child care setting.

Select or develop a curriculum that:

1. Provides activities that stimulate all areas of a child's development without isolating one area at a time: cognitive, fine motor, gross motor, language, self-help, social-emotional.

   DISCUSSION: What does this mean? What is an example of how an activity can stimulate more than one area of development? What is an example of an activity that involves several areas of development and that could be used to stimulate language in a child who does not talk?

2. Builds upon an environment for children that encourages them to explore and move, to interact with materials and people and to experiment.

   DISCUSSION: What is wrong with most activities being directed by care providers for the whole group while children sit at tables? How can a care provider help a child who has severe physical disabilities to explore the environment?

3. Includes a variety of fun activities that have been planned based on careful observation of each child's special interests and abilities, and preferred ways to learn. In other words, the curriculum gives all children a chance to show competence and to be challenged.

   DISCUSSION: What is meant by a child's "preferred ways to learn?" How can a care provider find out what a child's special interests and abilities are? What is an example of how an activity could be adapted to reflect a visually impaired child's "preferred way to learn?"

4. Provides materials and activities that are concrete, real and relevant to the lives of young children.

   DISCUSSION: What does this mean? What is wrong with ditto sheets and workbooks being used to help young children learn skills and concepts? Why are noise, mess and movement vital parts of any good early childhood curriculum?

5. Provides materials and activities that increase in difficulty, complexity and challenge as children develop understanding and skills.

   DISCUSSION: What is the importance of having enough materials so that they can be rotated for use in the child care setting? How does the care provider know when a child is ready for materials that are more complex and challenging?

6. Offers a balance of indoor and outdoor play, rest and active movement.

   DISCUSSION: How can this be accomplished for infants?

Adapted from: Bredekamp, S. (Ed.). (1987). *Developmentally appropriate practice in early childhood programs serving children from birth through 8.* Washington, DC: National Association for the Education of Young Children.

How Curriculum Design Affects Children

Explain how the following curriculum designs influence children's participation in future settings:

1. one that supports child-directed learning opportunities:

2. an integrated curriculum for children with and without disabilities:

How to Help Children with Visual Impairments

First

Meet with the family and find out what you need to know. Has the child always had a visual impairment? How independent is the child? What strategies have the parents used to help the child feel secure in exploring the world? Does the child wear glasses or contacts and if so, how does one care for them? Are there any symptoms of eye infections one should watch for? Communicate regularly with the family about the child's needs and skills.

Environment

1. Establish a predictable environment. Don't move furnishings or change floor levels without telling the child.
2. Help the child learn where to expect toys or clutter on the floor.
3. Help the child locate interest areas and toys by putting raised symbols or pictures at the entrance to specific areas, on shelves, on the floor, on walls.
4. Use sound to identify areas of the room and playground. For example, hang soft chimes from the jungle gym or keep a special musical toy in the Cozy Corner; include blocks that make noise when you shake them in the Block area.
5. Encourage the child to learn to use natural landmarks to get around. Allow the child to practice without your guidance and to have opportunities for practice when other children are not in the room.
6. Eliminate sharp or pointed objects, especially at face level. Avoid using throw rugs which could easily trip children.
7. Use helpful suggestions from the family and specialists for setting up indoor and outdoor play areas. Think of your own ways to increase orientation and independence and to ensure safety in different settings. Introduce the child to a new environment by using a familiar and obvious point of reference in the room, such as a door. Relate major features of the room back to the reference point.

Learning Experiences

8. Be sure the child uses any vision he or she has. Use appropriate lighting and contrasting colors (black blocks on a white tray, for example) to maximize the child's vision.
9. Combine vision with touching, smelling, shaking, listening, and tasting experiences. Name everything the child touches. Describe the way an object feels, smells, sounds, tastes and where it is in the room.
10. Always talk about what you are doing, about actions and things. Be sure to tell the child beforehand if you plan to touch or pick up the child.
11. Help the child find the location of sounds. Offer praise and encouragement when the child makes even a slight pause, hesitation or movement in response to sound.
12. Play games that involve rhythm and movement so that the child can feel your movement and his or her own.

13. Encourage the child to explore the room and find sounds and objects. Make sure the child sees and feels **all** parts of an object and understands the relationship of the part to the whole. Show him or her, for example, the handle, top, and "jack" in a jack-in-the-box.
14. Help the child learn to store auditory information by practicing listening. Play games that involve sequences, discrimination and memory like Simon Says.
15. Place toys and materials at the child's chest level to encourage good posture. Children with visual impairments often do not hold their heads up to look at their surroundings and may develop a stooped posture.

Interacting

16. Use words and touch to let the child know you are there and listening.
17. Continue to use words like "see" and "look" in your everyday speech, but be sure the child has ample opportunity to use all five senses to "see".
18. Support the child's attempts to explain his or her vision to the other children. Sometimes it's helpful to "practice" with the child in private what the child might answer in response to the questions of others.
19. Sit beside or behind the child as you help the child explore an object so that you can guide the child's hands in a natural way and accurately describe directionality (left, right, back, front, etc.)
20. Encourage the child to let you know when he or she needs help.
21. Include the child in all activities and remember the importance of modeling an attitude of acceptance and inclusion.

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How to Help Children with Hearing Impairments

First

Meet with the family and find out what you need to know. How much, if any, can the child hear? What does the proper care of hearing aids involve? Are there symptoms of ear infections one should watch for? What method of communication works best with the child? Communicate regularly with the family about the child's needs and skills.

Environment

1. Use visual cues to signal transitions. For example, turn the lights off when it is time to prepare to leave the room or shut the blinds as naptime approaches.
2. Strategically place mirrors about the room so the child is reminded of activity that is happening behind him or her that he or she cannot hear. Sometimes children who cannot hear can get lost in their own worlds without the benefit of sound cues that provide valuable information about the environment.
3. Avoid standing with your back to a window while talking because of the incoming glare that could block the child's view of your lips. Avoid speaking with your back to the child.
4. Stand still rather than move around the room while speaking.

Learning Experiences

5. If the child uses signing, use it along with speech throughout the day with all children.
6. In learning sign language, start with signs for objects and actions that are commonly referred to at home and in the classroom. Begin by signing the key word in a sentence, for example "eat" to indicate, "It's time to eat snack."
7. Change signs somewhat to help the child understand by exaggerating how or where you sign. Use facial expression as you sign to convey meaning. Use more sweeping gestures or a bigger signing field to convey the concept of bigness, for example.
8. Keep talking! Use regular speech: simple sentences, normal intonation, stress and pauses. Be aware of and use body language and facial expression.
9. Encourage the child to talk. Reinforce all attempts, even small ones like an open mouth.
10. Encourage the child to ask questions and get your attention in appropriate ways when help is needed.
11. Give the child opportunities to explore rattles, tuning forks, mobiles and soft toys. Vibrations and other tactile sensations are important for the child who may not hear the sound a toy makes.

Interacting

12. Make sure the child sees your lips. Look into his or her eyes when speaking.
13. Speak naturally. Do not exaggerate your words, lip movements or speak more slowly than usual.
14. Use gentle touch to get the child's attention.
15. Help other children learn how to get the child's attention by touching politely.
16. Help the child to answer questions about his or her hearing loss and to explain to the other children about hearing aids.
17. Train and model a polite attitude in the other children concerning the child's hearing aids. **Do not** allow children to pull on the aids.
18. Encourage and train children to use sign language. This is a lot of fun for other children just as learning any new language is!
19. Allow the child adequate opportunity to respond. The child may need extra time to formulate responses.
20. Be aware of how frequent and meaningful the child's interactions with others are. Facilitate social interactions by planning activities that include the child and another child.
21. Model an attitude of acceptance and inclusion by making sure that the child has an opportunity to participate in all activities.

Sources

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How to Help Children with Communication Problems

First

Meet with the family and find out what you need to know. Is a speech-language pathologist working with the child? Can this person visit your classroom to work with you and the child? Are there problems with articulation or vocabulary or both? Are pictures, symbols or manual signing used? Communicate regularly with the people who are involved with the child. Discuss expectations and strategies in order to be consistent across settings.

Environment

1. Create an environment that encourages the child to explore. Include a variety of toys and materials and rotate these periodically.
2. Make sure the environment is set up to require the child to initiate some communication. For example, put a favorite toy out of reach sometimes and require the child to "ask" for it. Introduce a novel toy and encourage the child to respond to its presence by vocalizing, labelling or describing it.
3. If communication boards or pictures are used, be sure the necessary classroom objects, people and routines, are included. For example, draw pictures to represent the various songs sung during circle. Let the child choose a song by pointing to the picture and trying to name the song. If signing is used, use it along with speech throughout the day with all children.
4. Enthusiastically respond to the child's communication attempts so that a climate of successful communication is established. It is important for the child to feel good about communicating in order to keep trying.

Learning Experiences

5. **Self-talk:** Talk about what you are doing. Describe what you see, feel, hear, smell, and taste. ("I open the door." "I hear a bird outside the window.")
6. **Parallel talk:** Describe what the child is doing, feeling, hearing. ("You're jumping off the step." "You are crying. You must be sad.")
7. **Imitation:** Imitate actions the child makes. Imitate vocalizations the child makes. Imitate the words the child says.
8. **Naming:** Label things in your child's environment: label objects("doggie, ball"), label actions ("go, walk"), label locations ("on, under"), provide descriptions ("big, pretty"), etc.
9. **Modeling:** Say words correctly for the child. (Child: "bu" Mom: "bubble"). Say sentences in a more grammatically correct form for the child (Child: "He throw ball" Dad: "He throws the ball.")
10. **Expansion:** Listen to what the child says and add on to what the child says. (Child: "ball" Dad: "big ball"; Child: "more cookie" Mom: "want more cookie".)

11. **Asking questions:** Ask simple questions with younger children: "What is it?" and more difficult questions with older children: "Why did the boy fall down?".
12. **Prompting for a higher level of communication:** Respond to the child's communication with gestures, models, hints, and directives to elicit a desired response or to elicit a higher level of communication. A child who can talk reaches for juice and grunts. Teacher asks, "What do you want?" The child doesn't say anything. The teacher says "Say 'juice', please."
13. **Prompting for more appropriate communicative behavior:** Teacher attempts to identify the communicative intent of a child's undesirable behavior (e.g. hitting, screaming, or grabbing), and prompts the use of words or gestures to attain the goal in a socially acceptable manner. After eating lunch, the child kicks the table. The teacher asks, "Are you done?" The child says, "Yes." The teacher says, "Tell me, 'All done, down please'."
14. **Prompting for communication with peers:** Teacher prompts the child to communicate directly with a peer about a problem instead of complaining to a teacher. Child says, "He took my truck." Teacher responds, "Tell him, 'That's my truck.'" Teacher may direct a child to find out a peer's needs rather than presume them. An older child starts to take off a younger child's jacket. The teacher says, "Ask her first if she wants help."

Interacting

15. Be patient, Don't interrupt or finish the child's sentences.
16. Pay attention when the child is speaking. Act interested and enthusiastic.
17. Model appropriate rate and rhythm. Rather than saying "slow down" or "think about what you are saying," try responding to the child in a slow, deliberate but meaningful way. Giving constant directions about how to speak may be frustrating and make the child think his or her speech is never good enough.
18. Help other children learn to use communication boards, pictures or manual signs.
19. Talk, talk, talk! Remember that a child is learning language even when he or she is not speaking.

Sources

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How to Help Children with Substantial Physical and/or Mental Disabilities

First

Meet with the family and find out what you need to know. What are the things the child can do? What does he or she need help with? Are specialists such as physical therapists or speech-language pathologists working with the child? Can they also meet with you? Will they be working with the child in your classroom? Are there recurring illnesses or health crises that must be watched for? Communicate regularly with the people who are involved with the child. Share observations and strategies for promoting progress.

Environment

1. Make room for and integrate any special equipment. For example, make sure a prone stander can fit in the Housekeeping area. Allow space for a corner chair or bolsters in Blocks. Include pull-up bars or handrails where needed. Teach other children to respect this equipment.
2. Arrange the room so that special therapies are meaningful. If a child could benefit from learning to maneuver her wheelchair herself, encourage this independence at a time when other children are moving from one place to another, rather than during a special physical therapy session away from the mainstream. In other words, use the natural surroundings and routines to stimulate and reinforce work on any special goals.
3. Provide a fun, but predictable environment. Stick to routines that work for you and the child. Provide varied learning experiences within those routines, but take care not to overload the child. Use natural cues to prepare the child for transitions. For example, allow the child to smell food being prepared for lunch or turn off the lights while nap preparations are made.
4. Consider the child's need for privacy. For example, if a four-year-old uses diapers, can the changing area be screened?
5. Consider the child's need for rest. Some children fatigue rapidly and will need a place to rest while activities continue in the classroom.

Learning Experiences

6. Make sure the child is enjoying play in a productive way by encouraging the functional and appropriate use of objects. For example, if a child is waving a toy car back and forth in the air repeatedly and without apparent purpose, help the child push it on the floor or table. Encourage children to use objects in combination (spoon in bowl, cup to doll's lip).
7. Create frequent opportunities for the child to enjoy using all five senses to experience the world.

8. Position the child with severe physical impairments for maximum range of motion, muscle control and involvement with the group. If other children are sitting on the grass, take the child out of the wheelchair and onto the grass! If circle time happens on the floor, use wedges or pillows to support a child with physical handicaps on the floor. If other children sit at a table for lunch, figure out a way for this child to sit at the table. Place the child in many positions throughout the day.
9. Stress independence, especially in eating, dressing and toileting. Work with the family and therapists to achieve consistency in expectations and strategies.
10. Break activities down into small steps and be aware of how many of those steps the child has accomplished. If other children are "dressing up" in Housekeeping, help the child without dressing skills to think of something she can do to join in the fun, like pretending to put on make-up or trying on a bracelet.
11. Find a treat or reinforcer the child really likes and use it to reinforce appropriate behaviors, even if changes are very small.
12. Help the child use new skills with different persons in a variety of places and with many materials.
13. Encourage the child to make choices. For example, hold up different foods or toys in order for the child to look at the one preferred.

Interacting

14. Study and use methods to prevent back strain in lifting and moving children who have physical disabilities.
15. Follow the advice of families and therapists in positioning the child for maximum participation with the persons and objects in the environment.
16. Assume the child understands more than he or she can tell you. Never talk about the child in front of the child unless in a positive and supportive way. ("You should see the colorful painting Jocelyn made!")
17. When speaking to the child, use simple, short sentences and use words consistently, especially during routines.
18. Get on the child's level to communicate. Use eye contact and touch to calm the child and "set the stage" for conversation.
19. Be on the look-out for communicative behaviors from the child such as eye contact, hand or arm movement, muscle tension or vocalization. Allow enough time for the child to take his or her "turn" in a conversation.
20. Follow the advice of family and therapists in using pictures, signing or other methods of communicating with the child.
21. Give the child a reason to communicate by putting a favorite toy out of reach or "forgetting" a cup or spoon at lunch.
22. Be aware of how frequently and meaningfully the child interacts with other children in the room. Think of ways to facilitate this interaction. For example, suggest a role for the child with special needs when other children are pretending something. Give the child a popular toy to play with and encourage others to ask if they can have a turn.

23. Help children to understand the implications of major health problems they experience. Be open and encourage them to discuss or act out (in play) their feelings. Children who are able to understand what is happening with their bodies are better able to let others know about early signs of illnesses.
24. Answer questions about any special equipment used by the child and help the child to do the same. Encourage children to ask permission before pushing a wheelchair. Create opportunities for them to touch and try out the special equipment, if that is okay with the family. Include items like a walker, crutches, bolsters or eye glass frames in the Housekeeping area for pretend play. (Note: These should not belong to any one child because other children should not be encouraged to regularly play with special equipment that belongs to someone. Rather, the items included in Housekeeping should be extra.)
25. Include the child in all activities. Model for the children an attitude of acceptance and inclusion.

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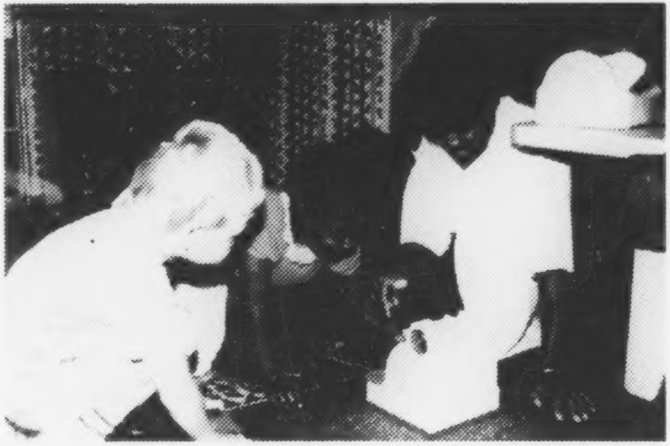
Steps of Responsive Teaching



1. Let the child select the activity. Provide toys and materials that the child enjoys in organized interest centers. Because the child selects the activity, you can be sure it is interesting and reinforcing to the child.

2. Pay attention to what the child is doing. What types of things does the child like to do? Let the child know you are interested in what he or she is doing. Comment, smile or just be visibly attentive so the child knows the activity is acceptable. Describing the child's activity aloud is good practice with any child, especially one who has delays in language.

3. Allow the child time to practice and play. Besides letting the child know his or her activity is acceptable, you may want to encourage the child to continue the activity. One sure way to do this is to play with or imitate the child.

4. Encourage the child to elaborate on what he or she is doing. Play with the child in order to encourage him or her to do something new. This "trying something new" is what produces developmental change. This is a good time to lead into an activity related to the child's individual objectives. Transition to this step of elaboration can be very smooth and natural if proper attention has been paid to stocking the interest centers with materials the child likes.

One way to encourage a child to do something new is to provide a model of what you want the child to do. This means showing the child how to perform the new skill by having him or her watch you or another child.

Example:

child's objective= DeSean rolls the ball to another child.

model = The care provider shows DeSean how to roll the ball to another child by doing it herself.

Once the new skill is modeled for the child, the care provider may prompt the child to try it. Prompting means giving the child a little help or cue to attempt the new skill. Using the above example, the care provider may give a:

visual prompt = "Look at Josh roll the ball to you!"
verbal prompt = "Why don't you roll the ball back?"
physical prompt = The care provider helps DeSean roll the ball back to Josh.

5. Give the child a chance to practice the new skill. Make sure the environment provides many naturally-occurring opportunities for the child to try out what has newly been learned in order to perfect the skill.

6. Reinforce the behavior. Show the child you are pleased with his or her attempts at the mastery of a new skill. It is important that you positively support the child **throughout** the process of responsive teaching. This can be done by simply paying attention to the child, commenting on the child's activity, smiling, sitting with the child, touching the child, playing with the child, and so on.

Where to Go to Learn More

Badger, E. (1981). *Introducing your child to the joy of learning.* Cincinnati, OH: McGraw-Hill, Inc.

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6

Instructor Packet

6

Listening & Talking: The Balancing Act

Notes to Instructor

Decide whether to address the optional student objective. (See Section VIII, Session Two, p. 96.)

Become thoroughly familiar with the video *Listening and Talking* and the *Raising America's Children Study Guide.*

Module Flow Guide

(Two 2-hour sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	5 min.
II. Define communication	Group discussion Lecture	Overhead projector OT–What is it? (communication)	20 min.
III. How children learn to talk	Group discussion Lecture	OT–How Children…	30 min.
IV. Listening & talking	Video Group discussion Assignment	VCR, monitor Video: *Listening and Talking* *Raising America's Children Study Guide*	50 min.
		HO–Tips for… Assignment–Activities that Stimulate…	5 min.
Session Two			
V. Activites that stimulate language development	Review assignment Group discussion	Assignment–Activities that…	20 min.
VI. Promoting language use in the language-delayed child	Group discussion Lecture	Overhead projector HO–Why some…	25 min.
VII. Conducting quality conversations	Group discussion Role plays	HO–Tips for… HO–How to… (from Module 5)	60 min.
VIII. Wrap-up	Group discussion		5 min.

Student Objectives

FOCUS

The care provider's ability to support an infant's emerging language depends on forming a close relationship with the infant. Nonverbal forms of communication are important factors in how the caregiver and child relate to each other and in the child's trust of the caregiver. It is the care provider's responsibility to model and encourage communication among children in the classroom and to maintain an environment that stimulates language.

Awareness

Watch a video that describes the importance of listening and talking with young children to help them to develop language.

Review the steps children follow in learning to talk.

Knowledge & Skills

Define communication and state at least two reasons why children communicate.

Define receptive and expressive language.

Describe the implications of the following statement for the care provider: receptive language develops before expressive language.

Describe characteristics of a quality conversation between a care provider and an infant.

Describe four characteristics of a language-rich environment.

Describe two activities that stimulate a young child's receptive language and two that promote expressive language.

State at least one reason a child may be a "late talker."

Describe two ways to modify the day care environment in order to facilitate language and communication.

Develop and role play conversations between a care provider and child that demonstrate an understanding of basic tips for communicating with young children.

Optional

Describe one type of listening or reading activity that children of the following ages might enjoy: under 1 year, 1-2 years, 2-3 years, 3-4 years, 4-5 years.

Instructor Outline

I. Welcome

Highlight key concepts reflected in student objectives for this module. Answer any questions.

II. Define communication

Discuss the importance of providing a language-rich environment for young children.

Ask students to help you define communication. Then refer to the Overhead Transparency "What is it?" [communication] to summarize the definition. Ask the students to help you think of the many reasons children have for talking: to request something (help, information, food, an object), to share information or comment, to protest or defend themselves, to greet or initiate social contact, to get attention or approval.

Communication is one of the most important areas of development, and this is especially true for children with special needs. No matter what method of communication the child uses—whether the words are spoken or symbolized by signing or pictures—when you help a child learn to talk, you are also helping that child learn to think. Thoughts are words not spoken out loud. The person who provides care for young children, in partnership with the parents, can have a major impact on the young child's ability to learn to communicate. With careful planning and a little bit of practice, strategies that promote language can be incorporated throughout all activities in the child care setting. It is the care provider's responsibility to model and encourage communication among children in the classroom and to maintain an environment that stimulates language.

III. How children learn to talk

We have said that communication can only be learned by interacting with others. A child is born ready to learn to talk and able to tune in to the sound of familiar voices. Let's take a moment to talk about the kinds of early experiences that help a very young child learn to communicate.

Ask the group for their ideas about how children learn to talk. Remind them of their recent practice in breaking tasks down into smaller steps. Start with the very young baby and help the students to think of the sub-steps that lead to talking. It may be helpful to encourage them to remember when they were last around an infant and how they talked to that infant. What were some of the things that they did when "conversing" with the baby? Refer to the Overhead Transparency "How Children Learn to Talk". Point out the difference between receptive language (comprehension) and expressive language (spoken or otherwise used to communicate).

As you lead the discussion about how children learn to talk, look for opportunities to emphasize some basic principles of language development.

Some Basic Principles of Language Development

1. **Children begin to comprehend words before they can say them. Put another way, receptive language precedes expressive language. One way to think about this is to imagine that infants and toddlers are like tape recorders. They "record" for many months and acquire quite a backlog of things to say. When they finally decide to hit the "play" button, a jumble of sounds and words come out! Some of them may surprise you.**

   Care providers can play an important part during this period of language development. They can keep talking to the young child even though the child may not be talking back. Children are learning something every minute of the day. One way children who are not talking yet are learning to talk is by listening. It is critical that adults do not assume that children who do not talk cannot understand what is being said around them. Care providers need to be aware of what they are saying at all times and of the effect that their words have on a child's self-esteem. They should also be prepared to hear back some of the things they have said when the child does begin to talk!

Some Basic Principles of Language Development (cont.)

2. Children will talk more and try harder when their language is reinforced. The care provider's positive, supportive response to the child's unintelligible sounds will ensure that they will be repeated. Each repetition brings the child closer and closer to the recognizable word. Young children should feel that what they say is heard, is valued and is important! Silence is **not** golden!

IV. Listening & talking

Refer students to the "Listening and Talking" Section in the *Raising America's Children Study Guide*. Review the "Questions to Ask Yourself," "Main Ideas," and "Watch For" suggestions. Ask them to follow along with the guide as they watch the video *Listening and Talking* from the *Raising America's Children* series. Introduce and show the video.

There are many ways we can let children know that we value what they have to say. Helping children to feel good about their ability to communicate with others is important no matter what strategy we use to help a child develop language. Let's look at a video that illustrates the importance of listening to and talking with young children.

After the video, lead the group in a discussion of the questions listed below. (These discussion questions have been taken from the *Raising America's Children Instructor's Guide.*)

- **What can adults do to make the most of baby conversations?**
  - take turns with baby in listening and talking
  - respond to baby's sounds to keep conversation going
  - use nonverbal communication such as rocking and holding to build a close relationship in which the baby trusts and wants to communicate with the adult, and through which the adult learns to read the baby's signals

- **What can be done during normal daily activities to stimulate talking with children who have special needs?**
  - say simple words and sentences during play
  - sing using the child's name

- **How does the adult's response to a baby's crying affect communication?**
  - if the adult responds, the baby starts to see that communication pays off
  - the adult can sometimes distinguish cries that mean different things

- **What would you see and hear in a language-rich environment?**
  - singing
  - talking to babies and children
  - adults providing a running commentary about what is going on
  - adults interpreting by filling in the words the child can't say
  - adults encouraging responses by waiting and listening
  - talking about things the child is interested in

- **What are some signs that children's talking is valued?**
  - adults ask questions and listen to answers
  - adults conduct an informal conversation with each child daily

- **How does encouraging children to tell or write about their activities help communication skills?**
  - it links spoken and written words to the activity
  - reading the children's stories aloud builds respect for children's language

Encourage students to read the Handout "Tips for Talking with Young Children" before the next session (*Student Handbook,* p. 100). Then refer them to the Assignment Sheet "Activities That Stimulate Language" (*Student Handbook,* p. 98). For homework, ask them to:

1. think of two activities that stimulate a young child's receptive language and two that promote expressive language, and
2. to modify these activities if necessary in order to use them with children who have severe physical or mental disabilities. Remind students that children with severe disabilities may use facial expression or head movement as a way of communicating. Students should come to the next session prepared to share their ideas. ●

V. Stimulating language development

Review what is meant by receptive and expressive language.

Ask students to share their ideas about activities that stimulate receptive language or comprehension and those that promote expressive language. Point out how the same types of activities can be used with children who have disabilities and with children who do not.

Sample Activities That Promote Language

Examples that stimulate receptive language:

listening to a story read aloud, listening to cassette tapes or records, watching an educational video

Examples that promote expressive language:

talking on a toy telephone, singing songs, acting out real-life experiences in the Housekeeping area, making up a story about a painting or play dough sculpture, making choices, requesting a desired object or activity

VI. Promoting language use in the language-delayed child

Discuss why some children may be late talkers and present ways to modify the environment to facilitate language and communication.

We have learned that most children begin using some words by the age of one year. As with all areas of development, there is a range of months across which children may learn to communicate. Some will develop skills more quickly than others; for example, younger sisters or brothers will imitate their older siblings and may use words quite early. Other children may be considered "late talkers." If you have noticed that a child is not using words as much as children his or her own age or younger, watch the child over a period of several weeks to see if there is any change, depending on what environment the child is in, with whom the child is playing, or what the child is doing. There may be several reasons the child does not use words as soon as his or her age mates. Let's brainstorm together about what some of these might be.

Encourage the class to help you develop a list of reasons some children may be "late talkers." Refer to the Handout "Why Some Children Have Language Delays" to summarize (*Student Handout,* p. 99). Lead a discussion about how to use the environment to promote the use of language.

There are at least three steps care providers can take to modify the environment in order to facilitate language and communication.

Modifying the Environment to Promote Language

First, she can create an environment that is rich with a variety of language-oriented materials—toys and objects of different colors, sizes, types, shapes, textures. It is helpful to post lists of key phrases or words to emphasize in the different areas of the room.

Second, she can provide some attractive materials that are visible to the child, but just out of his or her reach, for example, up on a shelf, behind a plexiglass cabinet door, or hanging on the wall. The child should be given an opportunity to ask for the materials.

Third, she can introduce new toys and materials periodically, especially those that can be manipulated to cause a certain effect, such as mechanical or wind-up toys. Children can be encouraged to talk about what the toy is and does.

VII. Conducting quality conversations

Provide an opportunity for students to put into practice some techniques for conducting quality conversations with young children.

Explain that in the next activity students will have a chance to write dialogues to demonstrate appropriate conversations with young children. Divide the class into small groups of 4–5 students. Ask each group to develop and then role play a conversation between an adult and a young child during a particular time of day or in a particular interest area in a day care setting. The conversations should demonstrate the students' understanding of some of the "Tips for Talking with Young Children" presented in the Handout in the *Student Handbook* (p. 100). They may also choose to include strategies for modifying the environment to facilitate communication and any specific strategies from the earlier Handout "How to Help Children with Communication Problems" from Module 5 (*Student Handbook,* pp. 88-89). Either assign or ask groups to choose one of the following situations from which to build a conversation: arrival time, meal time, play in the Housekeeping area, play in the Block area, play in the Cozy corner. Remind students to decide on the age of the child with whom they are conversing before they begin to write the conversation. Provide play props appropriate for each of the situations listed, for example: a hat and gloves, a cup and bowl, a baby doll, blocks and vehicles, pillows and soft toys. Encourage one student in each group to write down the conversation or "script" while the others generate ideas for dialogue. Two people from each group should volunteer to role play the conversation when the large group reconvenes.

Allow the groups to meet for 20 minutes or so, then start the role plays. Ask each group to describe the tips or strategies for conversing with young children that their role play will demonstrate and to name the age of the child. Offer lots of praise for the students' efforts and encourage peer support.

VIII. Wrap-up session

Consider referring students to page 62 of the *Raising America's Children Study Guide* for information about appropriate listening or reading activities for young children of different ages.

Answer any questions.

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Where to Go to Learn More

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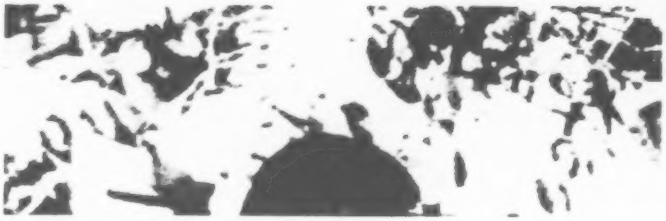

Student Packet

6

Listening & Talking: The Balancing Act

Module Flow Guide

(Two 2-hour sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. Highlight objectives & answer questions	Group review	Student objectives	5 min.
II. Define communication	Group discussion Lecture	Overhead projector OT–What is it? (communication)	20 min.
III. How children learn to talk	Group discussion Lecture	OT–How Children...	30 min.
IV. Listening & talking	Video Group discussion Assignment	VCR, monitor Video: *Listening and Talking* *Raising America's Children Study Guide*	50 min.
		HO–Tips for... Assignment–Activities that Stimulate...	5 min.
Session Two			
V. Activites that stimulate language development	Review assignment Group discussion	Assignment–Activities that...	20 min.
VI. Promoting language use in the language-delayed child	Group discussion Lecture	Overhead projector HO–Why some...	25 min.
VII. Conducting quality conversations	Group discussion Role plays	HO–Tips for... HO–How to... (from Module 5)	60 min.
VIII. Wrap-up	Group discussion		5 min.

Student Objectives

FOCUS

The care provider's ability to support an infant's emerging language depends on forming a close relationship with the infant. Nonverbal forms of communication are important factors in how the caregiver and child relate to each other and in the child's trust of the caregiver. It is the care provider's responsibility to model and encourage communication among children in the classroom and to maintain an environment that stimulates language.

Awareness

Watch a video that describes the importance of listening and talking with young children to help them to develop language.

Review the steps children follow in learning to talk.

Knowledge & Skills

Define communication and state at least two reasons why children communicate.

Define receptive and expressive language.

Describe the implications of the following statement for the care provider: receptive language develops before expressive language.

Describe characteristics of a quality conversation between a care provider and an infant.

Describe four characteristics of a language-rich environment.

Describe two activities that stimulate a young child's receptive language and two that promote expressive language.

State at least one reason a child may be a "late talker."

Describe two ways to modify the day care environment in order to facilitate language and communication.

Develop and role play conversations between a care provider and child that demonstrate an understanding of basic tips for communicating with young children.

Optional

Describe one type of listening or reading activity that children of the following ages might enjoy: under 1 year, 1-2 years, 2-3 years, 3-4 years, 4-5 years.

Activities that Stimulate Language

1. Describe two activities that stimulate a child's ability to comprehend language (receptive language). Would these activities need to be modified in any way in order to be used effectively with a child who has severe mental or physical disabilities?

2. Describe two activities that stimulate a child's ability to express language. Remember that children use a variety of ways to communicate besides speech. Would these activities need to be modified in any way to be used effectively with a child who has severe disabilities?

Why Some Children Have Language Delays

1. The child may come from a home where there is very little language.

2. The child may not have enough opportunities to use language at home or in the day care setting. Perhaps the child's needs are automatically met without having to use language for getting help or attention, for making choices, for defending himself or herself, for getting involved with others, for beginning conversations or for finding out new things.

3. Perhaps the child speaks another language as a primary language.

4. The child may have recurring ear infections or some other physical reason that has prevented him or her from easily hearing others use language.

5. The child may be adjusting to a new situation at home or in the day care setting. The child's temporary response to changes in his or her life situation may be to quit talking. Examples of such changes include the illness or absence of a family member, the birth of a sibling, a move to a new dwelling place, a change in day care providers or day care settings.

6. The child may have some type of developmental disability which affects the way the child processes and uses language.

Tips for Talking with Young Children

1. Lay the groundwork for effective communication by establishing trust, getting on the child's level to give face-to-face eye contact, and assuming a comfortable position and relaxed body language.

2. Listen attentively and look interested even if you are not sure what the child is saying. Show delight and imitate an infant's sounds.

3. Speak slowly and pronounce words clearly.

4. Keep words and sentences simple.

5. Talk about what the child is interested in—what the child sees, hears, feels, tastes, smells. Do not ask a lot of questions unless you really want to learn something you do not know. Asking one question right after another does not constitute a conversation.

6. Keep the conversation going by elaborating upon what the child says. Recognize smiles, squirms, glances and gestures as well as vocalizations on the child's part as a communicative response.

7. Repeat and emphasize your important words.

8. Be patient.

Where to Go to Learn More

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Instructor Packet

7

Win/Win:
Guiding Behavior

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Notes to Instructor

Become thoroughly familiar with the video *A Sense of Self* and the *Raising America's Children Study Guide*.

Module Flow Guide

(Three 2-hour Sessions)

Topic	*Activity*	*Materials*	*Time Needed*
Session One			
I. **Highlight objectives & answer questions**	Group review	Student objectives	5 min.
II. **The Importance of positive self-concept**	Video Group discussion	VCR, monitor Video: *A Sense of Self Raising America's Children Study Guide*	1 hr.
III. **Factors that influence our beliefs about how children should behave**	Small groups Group discussion Assignment	HO–All in a Day's Play Overhead projector OT–Factors that influence… HO Series (from Module 2)–Child Dev. Skill Assignment–Ages and Stages	45 min.
Session Two			
IV. **Developing appropriate expectations**	Group discussion Lecture	HO–Dev. Appropr. Behav. … HO Series (from Module 2)–Child Dev. Skill HO–Disabilities & Development	1 hr.
V. **Why children show problem behaviors**	Group discussion	Overhead projector OTs–Examining Your Reactions	30 min.
VI. **How children learn appropriate behaviors**	Group discussion Assignment	HO–Positive Ways to Teach… Assignment–Replace Your Idle Threats	20 min.
Session Three			
VII. **Keys to prevention**	Lecture Group discussion	Overhead projector OT-Planning the Environment	30 min.
VIII. **Principles of guiding behavior**	Lecture Small groups Group discussion	HO–Steps for Strengthening & Weakening … HO–Using Time Out	55 min.
IX. **Wrap-up**	Group discussion		5 min.

Student Objectives

FOCUS

A person's behavior is a product of many factors. A child needs to feel safe, secure and to have a good self-concept in order for optimal behaviors to occur in development and learning. Parents and care providers of young children can employ many positive techniques to prevent problem behaviors and to strengthen desirable behaviors in their children. These techniques and those used to weaken behaviors are most effective when they are used consistently across settings and people.

Awareness

Participate in an exercise that examines how families, care providers and others may view children's actions differently according to their values, understanding of, and experience with children.

Knowledge & Skills

Define self-concept and explain its importance.

Describe ways caring adults can promote a positive self-image for children.

State two ways to make each child feel like a unique individual with his or her own strengths.

Keeping in mind the developmental characteristics of the following age groups and describe for each group one developmentally appropriate behavior that could be a problem if not anticipated and planned for in the child care setting: birth-6 months, 6-12 months, 12-18 months, 18-24 months, 24-36 months, 36-48 months, 48-60 months.

List three important questions to consider in developing appropriate expectations for a child's behavior.

Describe the effects that various disabilities may have on the child's development and behavior.

Name two examples of problem behaviors children might show in a child care setting and provide two possible reasons for those behaviors.

Provide examples of what is meant by the following methods of teaching children positive behavior:

- Be a model.
- Use positive reinforcement.
- Tell the rules.
- Be consistent.
- Give positive directions.

Given examples of negative and threatening statements intended to change children's behavior, reword the statements to create examples of positive direction.

Describe ways to structure the environment in order to:

- promote engagement and decrease aimless wandering
- decrease fighting over toys and materials
- facilitate smooth transitions.

Define planned ignoring and redirection and give examples of each.

Give an example of how allowing the natural or logical consequences to occur can effectively decrease a problem behavior.

Describe at least three guidelines for using a time-out procedure with young children.

Instructor Outline

I. Welcome

Highlight key concepts presented in this module. Answer any questions.

II. The importance of positive self-concept

In this course we have talked about the importance of creating a safe environment for children that provides warmth and consistency, encourages independence and initiative, and stimulates the child's spontaneous play. We know that these elements are essential to the development of healthy personalities. Today we are going to look at a video that examines how a child's sense of self is established and nurtured.

Refer students to the "A Sense of Self" section in the *Raising America's Children Study Guide*. Review as a group the "Questions to Ask Yourself," "Main Ideas," and "Watch For" suggestions. Ask them to follow along with the guide as they watch the video *A Sense of Self* from the *Raising America's Children* series. Show the video.

After the video, lead the group in a discussion of the questions listed below. (These discussion questions have been taken from the *Raising America's Children Instructor's Guide.*)

- **What is meant by a positive self-concept and why is it so important?**
  - Positive self-concept means feeling that you are valuable, competent and able to make good things happen in life.
  - It is important because it helps a person accept challenges, changes, and build relationships with confidence.

- **How can caring adults promote a positive, well-rounded self-image for all children?**
  - Accept children unconditionally, recognizing and celebrating children's uniqueness.
  - Give love and support.
  - Give plenty of opportunities for successful relationships with friends.
  - Provide developmentally appropriate challenges.

- **How can caring adults make each child feel like a unique individual with his or her own strengths?**
  - By recognizing that each is different and not comparing children with one another.
  - By being accepting of the child and by responding to the positive qualities each child has.
  - By giving each child individual attention.
  - By arranging the environment in such a way that it encourages the children to display their own work, store their personal belongings, and otherwise "personalize" the space.

III. Factors that influence our beliefs about how children should behave

Help the students to divide into four small groups. Refer to the Handout "All in a Day's Play" about Molly, Garrett and Su Lyn (*Student Handbook*, p. 106). Ask two groups to read and discuss Story A and the other two to read and discuss Story B. Invite the students to discuss the questions listed within their small groups.

After ten minutes ask the students to reconvene as one group. Read each story aloud and lead a discussion about the questions below. Listen for and point out ideas about how to prevent some of the behaviors described in the handout as the discussion unfolds.

Story A: Whose behavior surprised you the most? Why?
Why do you think Garrett took the doll Molly was holding?
Why do you think Su Lyn crawled into Molly's lap?
Why do you think Molly hit Su Lyn?

Story B: Whose behavior surprised you the most? Why?
Why do you think Su Lyn climbed on the table?
Why do you think Su Lyn put her mouth on Garrett's leg?
Why do you think Garrett bit Su Lyn?

Review the many factors that can affect our beliefs and feelings about children's behavior. Refer to the Overhead Transparency "Factors that Influence Our View of Children's Actions" to lead the discussion. Ask the students if any of these influences came into play when they were thinking about Molly, Garrett and Su Lyn. Encourage students to share other experiences that have affected their values, tolerance level, expectations or feelings about children's behavior.

Assign students to review the Handouts "Child Development Skills" from Module 2 (*Student Handbook,* pp. 23-31). As students think about the stages children go through as they grow older, ask them to identify behaviors that may be seen as problems in the child care setting. Refer students to the Assignment sheet "Ages and Stages" (*Student Handbook,* p. 107). Ask if there are questions about this assignment. ●

IV. Developing appropriate expectations

The video we saw in the last session pointed out how too many "no's" from care providers can restrict a child's natural curiosity. As children grow and develop, they often try out new skills and behaviors that take us by surprise. It is often tempting to mistake the emerging skills as problem behaviors if we have not anticipated and planned for them in the environment. Let's think for a minute about how the developmental characteristics of children of different ages could be challenging if not planned for in the child care setting.

Lead a discussion about the developmental characteristics of the following age groups: birth-6 months, 6-12 months, 12-18 months, 18-24 months, 24-36 months, 36-48 months, 48-60 months. Refer students to the Handout "Developmentally Appropriate Behaviors" (*Student Handbook,* pp. 108-109) and consider reviewing the Handout Series from Module 2 "Child Development Skills" (*Student Handbook,* pp. 23-31). Encourage students to identify what they see as challenging behaviors at each of these developmental stages. Ask for ideas about how care providers can create opportunities for children to exercise their natural curiosity and practice new skills in safe and appropriate ways. Discuss the balance between providing gentle limits and direction and allowing young children to do "what comes naturally."

We have seen how a child's age and developmental level influence their behaviors. In developing appropriate expectations for a child's behavior, care providers need to think about many factors:

- *What is the child's age and what are skills and behaviors normally associated with that age?*

- *Does the child have any disabilities that might affect the child's ability to learn new skills?*

- *What are the environments like in which the child spends time? What have his or her previous experiences been?*

Refer students to the Handout "Disabilities and Development" (*Student Handbook,* p. 110). Using it as a guide, review the ways that various handicapping conditions may affect a child's development. As you discuss the disabilities listed, ask students to suggest ways that their expectations might be different for the child's behavior. Encourage them to share any experiences they have had with children who have disabilities. Encourage questions about disabilities other than those disabilities listed and involve the whole group in thinking through the answers.

V. Why children show problem behaviors

We have already talked about how some disabilities can influence the way children behave. Whenever a problem behavior occurs, it is important to understand its purpose and to acknowledge the child's feelings. In other words, what was the child trying to achieve by behaving that way and what was he or she feeling? It is also very helpful to look at your own reaction to the behavior and the way it made you feel.

Ask the group to list some reasons children might show problem behaviors and to give examples of such behaviors. Write their responses on the board or flip chart.

Why Problem Behaviors May Occur

- The child has not learned the appropriate way to express what he or she wants. The child is frustrated, angry, sad, excited, jealous, scared, anxious, proud, happy, or ashamed and has not learned to show these feelings appropriately through words or actions.
- The child wants attention.
- The child wants control.

Ask students to brainstorm about how the behaviors they have identified make them feel. What might their reactions be? Refer to the Overhead Transparencies "Examining Your Reactions" for a summary of possible reactions.

VI. How children learn appropriate behaviors

Refer students to the Handout "Positive Ways to Teach Positive Behaviors" (*Student Handbook*, p. 111). Using this as a guide, discuss the positive methods to teach the child appropriate behaviors.

Assign students to complete the Assignment Sheet "Replace Your Idle Threats" for homework (*Student Handbook*, p. 112). Go over the activity and answer any questions. ●

VII. Keys to prevention

Remember the story about Molly and Garrett from the last class? Molly was holding the only baby doll in the room and Garrett took it. One of the ways this could have been prevented would have been to have several baby dolls available for the children to play with. It is always a good idea to have duplicate toys available for toddlers. This means several dolls, vehicles, balls, books, and so on. It may also mean having two identical items, especially when the item is very popular or unique. Providing adequate numbers of materials is the best way to prevent problems among young children who are not yet developmentally ready to share.

In thinking about how to prevent problem behaviors in the child care setting, consider the environment first. The environment is usually the easiest aspect to change, so it is a logical starting point in considering prevention.

Lead a discussion of possible ways to organize the environment to prevent problems. Encourage students to recall what they learned when using the *Infant/Toddler Environment Rating Scale*. Refer to the Overhead Transparency "Planning the Environment to Prevent Problems." Ask questions about what behaviors each of the strategies listed encourages and discourages. An example is given after the first strategy.

Lead a discussion about the importance of building good relationships with children and their families.

> *Part of a good prevention program involves establishing positive relationships from the beginning. When care providers, children and families know and trust each other, they can better work together to meet each other's needs and prevent conflict.*

Ask students to suggest important ingredients in any relationship and to tell how they would include the following positive features in their relationships with children and families: honesty and respect, affection, appreciation and encouragement, enjoyment. Invite the group to think of other ways to build positive relationships.

VIII. The principles of guiding behavior

Using the Handout "Steps for Strengthening and Weakening Behaviors" (*Student Handbook*, p. 113) talk about the progression of steps that can be used to influence behaviors.

Reinforcement should always outweigh more negative methods of changing behaviors.

Strengthening Behavior

A well-planned environment—Always start by observing the child's interaction with the environment. Does the environment support and encourage appropriate behavior? Are shelves labelled with pictures, for example, so children know where to return materials? Is there enough space for children to play? Is there a place for a child to go to be alone?

Modeling—It is wise to remember that young children learn by watching others. Observing their caregivers exhibiting strong positive behaviors such as using manners, sharing and resolving conflicts calmly goes a long way toward strengthening those same behaviors in the child.

Strengthening Behavior (cont.)

Encouragement—This is a mild form of reinforcement such as praise. Different children need different amounts of encouragement.

Positive reinforcement—This involves giving something pleasant such as social contact, a special activity or sticker. Observe the child or ask him or her what might work. Encouragement and praise are types of positive reinforcement.

Weakening Behavior

Methods for decreasing behaviors tell the child what **not** to do, so you also need to teach the child what **to** do.

Prevention—There are many ways to prevent undesirable behavior, for example: by adequately supervising children and conscientiously modeling strong, positive behaviors; by providing a stimulating and well-stocked environment that includes adequate variety and numbers of toys, including some duplicate items.

Planned ignoring—This means not paying attention to the undesirable behavior. It can be used effectively for mild types of problem behaviors. For example, chances are if you ignore a whining complaint ("I don't wanna get ready for snack") and continue setting up snack while praising children who come to the table, the whining and complaining will not persist. As in this example, planned ignoring is best used when combined with paying positive attention to desirable behaviors, and is most effectively used in groups of children.

Choices—To avoid power struggles, give a child choices that you can both live with. For example, if the child often resists getting shoes on in the morning, instead of giving the direction to come and get shoes on, ask "Do you want to wear your sandals or your tennis shoes today?" Be willing to accept the child's decision.

Redirection—Sometimes it is necessary to use physical prompts or words to prevent problem behaviors. When choices are not intended and you feel it is necessary to intervene in order to "get the child on the right track," think of positive ways to show the child the right thing to do, to give him or her an alternative to behaving in an undesirable way. For example, if two toddlers want to hammer on the same cobbler's bench and there is only one hammer, offer one of them a drum and say "You can bang on this" or ask one of them to help you with a task. Be direct and avoid giving choices ("Do you want to help me...?) if, as in the example, there is not a choice because you want to separate the children.

Weakening Behavior (cont.)

Logical consequences—Allowing normal consequences to occur is one way of dealing with problem behaviors. For example, if children refuse to put away the riding toys before the music activity begins, go ahead and start the music activity. When it is time to hold hands and dance in a circle, stop and show the children that today you cannot dance because the toys are in the way. In some cases, the environment may provide the natural consequence, as in the example above, or you may need to create a logical consequence. If a child does not put away the riding toy after playing with it in the morning, he may not have it in the afternoon.

Time Out—As a last resort, it may be necessary to remove the child from a situation in which he or she is receiving continued reinforcement for a problem behavior or when time alone is needed in order to calm down. For example, if a child continues to hit another child to make him or her cry, going to a time-out area away from the victim would be in order.

Review the Handout, "Using Time Out with Young Children" (*Student Handbook,* p. 114).

Discuss how this all works together. Stress for participants the importance of creating a balance between methods for strengthening behaviors and weakening behaviors. Ask if they have questions about the methods discussed. Encourage participants to select their methods of guiding behavior by paying attention to what works best for each child. Participants should try everything else before time out.

Divide participants into two groups. Ask one group to discuss and list examples of behaviors that could be strengthened using each of the four strengthening strategies. Ask the other group to discuss and list examples of behaviors that could be weakened using each of the six weakening strategies. Reconvene the large group. Encourage a discussion about how specific problem behaviors experienced by caregivers could be changed using the methods presented.

IX. Wrap-up session & answer any questions

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7

Student Packet

7

Win/Win:
Guiding Behavior

Module Flow Guide

(Three 2-hour Sessions)

Topic	Activity	Materials	Time Needed
Session One			
I. **Highlight objectives & answer questions**	Group review	Student objectives	5 min.
II. **The Importance of positive self-concept**	Video Group discussion	VCR, monitor Video: *A Sense of Self* *Raising America's Children Study Guide*	1 hr.
III. **Factors that influence our beliefs about how children should behave**	Small groups Group discussion Assignment	HO–All in a Day's Play Overhead projector OT–Factors that influence... HO Series (from Module 2)–Child Dev. Skill Assignment–Ages and Stages	45 min.
Session Two			
IV. **Developing appropriate expectations**	Group discussion Lecture	HO–Dev. Appropr. Behav. ... HO Series (from Module 2)–Child Dev. Skill HO–Disabilities & Development	1 hr.
V. **Why children show problem behaviors**	Group discussion	Overhead projector OTs–Examining Your Reactions	30 min.
VI. **How children learn appropriate behaviors**	Group discussion Assignment	HO–Positive Ways to Teach... Assignment–Replace Your Idle Threats	20 min.
Session Three			
VII. **Keys to prevention**	Lecture Group discussion	Overhead projector OT-Planning the Environment	30 min.
VIII. **Principles of guiding behavior**	Lecture Small groups Group discussion	HO–Steps for Strengthening & Weakening ... HO–Using Time Out	55 min.
IX. **Wrap-up**	Group discussion		5 min.

Student Objectives

FOCUS

A person's behavior is a product of many factors. A child needs to feel safe, secure and to have a good self-concept in order for optimal behaviors to occur in development and learning. Parents and care providers of young children can employ many positive techniques to prevent problem behaviors and to strengthen desirable behaviors in their children. These techniques and those used to weaken behaviors are most effective when they are used consistently across settings and people.

Awareness

Participate in an exercise that examines how families, care providers and others may view children's actions differently according to their values, understanding of, and experience with children.

Knowledge & Skills

Define self-concept and explain its importance.

Describe ways caring adults can promote a positive self-image for children.

State two ways to make each child feel like a unique individual with his or her own strengths.

Keeping in mind the developmental characteristics of the following age groups, describe for each group one developmentally appropriate behavior that could be a problem if not anticipated and planned for in the child care setting: birth-6 months, 6-12 months, 12-18 months, 18-24 months, 24-36 months, 36-48 months, 48-60 months.

List three important questions to consider in developing appropriate expectations for a child's behavior.

Describe the effects that various disabilities may have on the child's development and behavior.

Name two examples of problem behaviors children might show in a child care setting and provide two possible reasons for those behaviors.

Provide examples of what is meant by the following methods of teaching children positive behavior:

- Be a model.
- Use positive reinforcement.
- Tell the rules.
- Be consistent.
- Give positive directions.

Given examples of negative and threatening statements intended to change children's behavior, reword the statements to create examples of positive direction.

Describe ways to structure the environment in order to:

- promote engagement and decrease aimless wandering
- decrease fighting over toys and materials
- facilitate smooth transitions.

Define planned ignoring and redirection and give examples of each.

Give an example of how allowing the natural or logical consequences to occur can effectively decrease a problem behavior.

Describe at least three guidelines for using a time-out procedure with young children.

All in a Day's Play

Story A

Molly = 3 years old   Garrett = 18 months   Su Lyn = 11 months

The children are playing in the living room. Molly is sitting on the floor next to Su Lyn. Molly is holding the only baby doll in the room. Garrett walks over, says "Mine!" and takes the doll to the other side of the room. Molly cries. When Su Lyn hears her, she tries to crawl into Molly's lap. Molly hits Su Lyn and pushes her onto the floor. In the meantime, Garrett has settled into a child-sized rocker and is rocking the baby doll.

Whose behavior surprises you the most? Why?

Why do you think Garrett took the doll Molly was holding?

Why do you think Su Lyn crawled into Molly's lap?

Why do you think Molly hit Su Lyn?

Story B

Molly = 3 years old   Garrett = 18 months   Su Lyn = 11 months

The children are playing in the living room. Molly and Garrett are sitting on the sofa with books. Su Lyn crawls over to the coffee table in front of the sofa. She climbs up on it, points to the children and laughs. Molly stands up, grabs Su Lyn by the waist and pulls her off onto the floor, saying "No, no, Su Lyn!" Su Lyn fusses and climbs back up on the table and over onto Garrett who is still sitting on the sofa. She puts her mouth against Garrett's leg and Garrett begins to cry. Garrett leans over and bites Su Lyn's back.

Whose behavior surprises you the most? Why?

Why do you think Su Lyn climbed on the table?

Why do you think Su Lyn put her mouth on Garrett's leg?

Why do you think Garrett bit Su Lyn?

Ages & Stages

Sometimes when children begin to practice new skills we haven't seen them use before, it is tempting to jump to the conclusion that they are just "acting up." An example might be when an 18-month-old starts to climb all over furniture. As a care provider, it is important to plan the environment so that this child has lots of opportunities to use her climbing skills on appropriate equipment such as toddler climbers, ladders and stacking mats.

Think about the ages listed below and write down any behaviors you can think of that may be challenging to the care provider, although developmentally appropriate for the child.

birth - 6 months ____________________

6-12 months ____________________

12-18 months ____________________

18-24 months ____________________

24-36 months ____________________

36-48 months ____________________

48-60 months ____________________

Developmentally Appropriate Behaviors

0-6 Months

Infant is organizing his or her response systems (states) which include: sleeping, waking (activity and attention) crying, sucking (eating). The infant's responses can be unreliable because of this.

Baby becomes more aware of environment and persists with active exploration, reaching and grasping for everything in sight, regardless of suitability for playing and mouthing.

6-12 Months

Baby becomes mobile, crawling, creeping on hands and knees and then walking, all within about a six-month period! Baby will head for whatever is reachable, appropriate or not.

Baby acquires first words: mama, dada, bye bye, dogie or shoe, but doesn't have the vocabulary to express wants and needs. Baby may be fussy and frustrated when you offer the wrong thing. Baby may grab from other children.

12-18 Months

Toddler is now an active explorer and "on the go"—not just forward in space but up in space, climbing on every possible safe and unsafe surface.

Toddler has a strong sense of ownership. Expect to hear lots of "me", "mine" and see grabbing, hitting, and sometimes biting.

18-24 Months

Toddler ventures out from caregivers with a new sense of separateness and independence. Toddlers need close supervision though, to avoid dangerous situations.

Toddler has vocabulary to make many needs known but "no" is a favorite word and weapon in the struggle for auto-nomy. Toddlers say "no" for things they really want to have or do and sometimes tantrum when things don't go their way.

24-36 Months

The young child now has vocabulary to express wants, needs and ideas. At this age of self-assertion, children want to do everything for themselves (i.e., pour milk, cut own food, dress self, etc.) and are frustrated by what they can't do.

The child is more cooperative but is prone to peer influences and may show problem behaviors, such as using "dirty" words.

The child has real fears and often displays sleep problems.

36-48 Months

The young child enjoys playing with other children and is able to maintain interest in a project over several days.

The 3-4 year-old notices changes in things and may ask questions about the environment, spatial relationships and the work people do.

Children this age seem to seek information constantly by asking many "why" questions and may want to debate directions given them by adults.

48-60 Months

The 4-5 year-old asks questions about earlier days and can think several steps ahead before acting.

The child is able to retell stories he or she has heard and may make up fantastic stories that are presented to adults as having really happened.

The child has developed definite likes and dislikes and doesn't mind saying what they are.

Developed by Grace Wells, Alamance-Caswell Mental Health Agency, Burlington, North Carolina and Pat Wesley, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

Disabilities & Development

Down Syndrome

The child will follow the normal sequence of development, but since the child typically has mental retardation, the rate of learning developmental skills is slower. The child, for example, will probably crawl before walking and use one word at a time before speaking in sentences. However, the child may walk and use sentences much later. A 24 month-old child with Down Syndrome may act like a 12- or 15-month-old. The child may become quite frustrated at not being able to express herself clearly or do certain things.

Visual Impairments

The child may experience lags in many areas of development since he is surrounded by sounds, smells and sensations that he does not know how to associate. The young child depends totally upon others to provide guidance and information about what it all means. Others will have to use sound and touch to explain the world to the child with visual impairments. The child may be afraid of unfamiliar movement, objects and textures. He or she may have a difficult time during transitions between activities and in learning how to play with other children.

Hearing Impairments

A child with hearing impairments usually progresses along the normal sequence of development except in the area of language development. She will not understand what is being said and will not be able to use words the way hearing children do. The child may also act like a less socially mature child. The hearing impaired child will depend upon others to help her develop a language system, using sound or sign, or both.

Cerebral Palsy

The child always lags with gross motor development and sometimes with fine motor development because of abnormal muscle tone, posture and movement. Cerebral palsy may affect the total development of the child's skills and cause other problems such as seizures or mental retardation. Many times, the child who has cerebral palsy has difficulty speaking because the muscles of the mouth are affected. There are different types and degrees of cerebral palsy and every child is unique in his or her ability. Children who have cerebral palsy do not all have mental retardation. For many children, the inability to move and express themselves the way they want to is a real frustration which can lead to crying and tantrums.

Developed by Grace Well, Alamance-Caswell Mental Health Agency, Burlington, NC.

Positive Ways to Teach Positive Behavior

1. Be a MODEL. Children learn by what they see and hear you and others do. Children learn that what is appropriate behavior can depend on the situation and the people involved.

2. Use POSITIVE REINFORCEMENT such as praise, physical contact, stickers, special activities. Catch children being good! Spend lots of positive time talking with children when things are pleasant and running smoothly.

3. Make sure children are aware of your RULES. Set limits, define the rules, and for older children define how they should pay for broken rules. Know what behaviors you plan to reinforce or ignore. Plan ahead so that you can "act" rather than "react" to problem behaviors.

4. Be CONSISTENT in enforcing the rules. Follow through on what you say.

5. Direct children in a positive way. Indicate what behavior the child is to perform by stating what the child should do instead of should not do.

REMEMBER Children are coming into your care with different backgrounds and perceptions. Caregivers should try to determine what these are and understand they can't expect each child to acquire new behaviors at the same rate through the use of these teaching methods. With each of these positive methods to teach the child, TIME & OPPORTUNITIES to practice the behaviors are essential.

Replace Your Idle Threats!

Directions: Change each of these threats into a positive statement. Indicate the behavior the child is to perform.

Example:
"If you don't mind me, I'm going to tell your mother when she gets here."
When you put your coat on your hook, we'll be ready for story-time.

"If you can't be nice to the other kids, you aren't going to help with snack today."

____

____

"If you don't get these toys picked up, we won't have snack!"

____

____

"If you don't stop hitting Sally, you won't be able to play with the other children."

____

____

"If you don't stop crying, you won't get to play with any toys!"

____

____

"If you don't do this right, you'll just have to do it again."

____

____

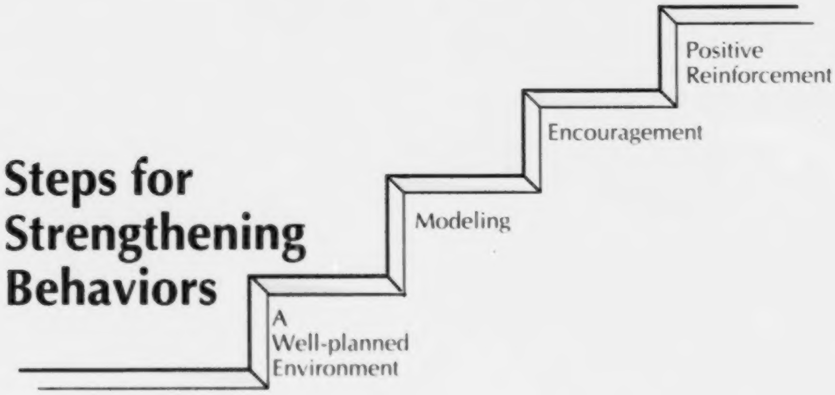
"If you don't cooperate, you won't get to go outside to play."

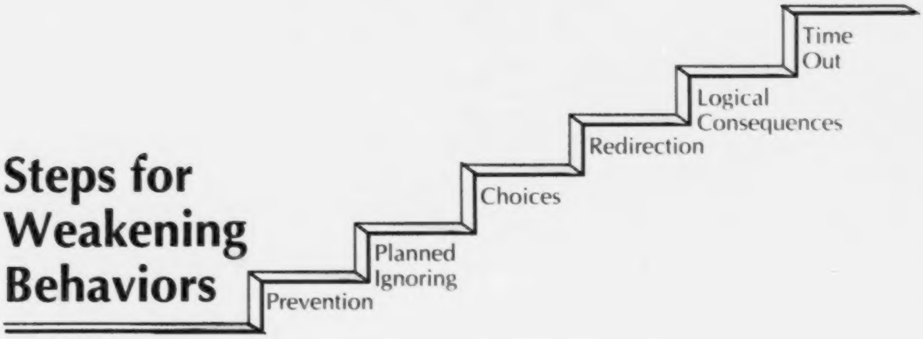
____

____

Adapted from: Kontos, S., Dunham, J. H., Litchfield, M., Murphy, D., & Tiffany, K. (1987). *Neighborcare training manual for family day care.* Project Neighborcare (Handicapped Children's Early Education Program. Grant # 60084001382).

Steps for Strengthening Behaviors and Weakening Behaviors


Steps for Strengthening Behaviors
A Well-planned Environment
Modeling
Encouragement
Positive Reinforcement


Steps for Weakening Behaviors
Prevention
Planned Ignoring
Choices
Redirection
Logical Consequences
Time Out

Using Time Out with Young Children

Time out is removing the child from the situation in which he or she is receiving reinforcement for an undesirable behavior or when some time alone to calm down is needed.

Tips for using time out:

- Use time out only after you have tried more positive methods.
- Use it sparingly, for one or two behaviors only. Let the child know what they are.
- Let the parents know that you are using time out! Ask them to help you set up the procedure.
- The time-out area must be within the caregiver's view.
- Make the time out immediate.
- Use a kitchen timer as a concrete method for denoting the beginning and ending of the time-out period for yourself and the child.
- The time out should be short (2-5 minutes) to allow the child to come back into the situation, behave appropriately and get reinforced.

NOTE: When you start to use time out, be prepared to see an increase in the undesirable behavior before it starts to decrease.

Adapted from: Kontos, S., Dunham, J. H., Litchfield, M., Murphy, D., & Tiffany, K. (1987). *Neighborcare training manual for family day care.* Project Neighborcare (Handicapped Children's Early Education Program. Grant #60084001342).

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8

Instructor Packet

8

We're ALL Different: Answering Questions About Disabilities

BEST COPY AVAILABLE

Notes to Instructor

Become thoroughly familiar with the video *How Will I Explain it to the Other Children?* and the *Young & Special Leader's Guide.*

There are no overheads or additional instructor materials for this module.

Module Flow Guide

(One 2-hour session)

Topic	Activity	Materials	Time Needed
Session One			
I. **Highlight objectives & answer questions**	Group review	Student objectives	2 min.
II. **Preparing for mainstreaming**	Video Group discussion	VCR, monitor Video: *How Will I Explain it to the Other Children?* *Young & Special Leader's Guide*	45 min.
III. **Fostering positive attitudes**	Group discussion	HO–Fostering Positive Attitudes	30 min.
IV. **Answering the questions of others**	Group discussion	HO–Tips for Answering Children's Questions About Disabilities	30 min.
V. **Wrap-up**	Group discussion	HO–Ways to Help a Child Answer Questions from Others	3 min.

Student Objectives

FOCUS

Physical proximity of children with and without disabilities does not guarantee positive attitudes and increased acceptance. It is the care provider's responsibility to foster positive attitudes by modeling and by creating opportunities for children with varying abilities to interact knowledgeably, comfortably and fairly with each other.

Awareness

Watch a video that introduces common issues care providers face regarding the preparation of other children for the arrival of a child with special needs.

Knowledge & Skills

Name at least two sources of information about a child with special needs and describe how information from these sources could be obtained prior to the child's enrollment in the child care program.

Describe activities that implement the following strategies to foster in young children positive attitudes toward persons with disabilities.

1. Make sure that architecture, room arrangement and materials can be used by all children.
2. Actively introduce ways for children with and without disabilities to interact with and learn from each other.
3. Use pictures, books and dolls to increase knowledge about disabilities.
4. Assist children in becoming familiar with equipment and devices used by persons with disabilities.
5. Provide experiences that enable children to learn about what different degrees of hearing, vision and mobility are like.
6. Counter misconceptions and stereotypes about disabilities.

Give an example of how the ways a young child thinks and views the world can affect that child's perceptions about disabilities.

List at least four tips for answering children's questions about disabilities.

Describe how a care provider can provide support and skills to a child who has a disability and who wants to answer the questions of others him- or herself.

Instructor Outline

I. Welcome

Highlight key concepts that will be covered in this module and answer any questions.

II. Preparing for mainstreaming

Introduce the video *How Will I Explain It to the Other Children?*

> *We have learned much about the "how-to's" of mainstreaming in this course. Today we are going to see a video about a child named Kathy. Kathy has been successfully integrated into a regular day care setting and she is blind. Through her story we will see how questions from other children are handled and we'll take a closer look at the interactions between children with and without disabilities.*

Show the video. At the end of the video, lead the class in a discussion of some of the questions on pages 8-9 from the *Young & Special Leader's Guide,* for example: questions 1, 3, 5, 10 and 18, 22, 23.

III. Fostering positive attitudes

Discuss strategies to ensure smooth transitions when a child with disabilities enters the mainstream.

> *We heard Eleanor Lewis state in the video that children do not see handicaps the same way adults do. In her experience, children often accept children who are different from them without a lot of worry about how a disability may affect a child's future. Elaborate plans for preparing the other children for mainstreaming are not usually necessary. It isn't necessary for care providers to make a "big deal" of telling the children everything about a child with special needs who is coming to the class. It is far more important to help foster positive attitudes*

among children toward others who are different in general, including differences in culture, race, age, sex and abilities.

On the other hand, it is very important that you, as care providers, know what to expect. Find out as much as you can from the child's family, previous teachers and even from the child about what the child enjoys doing, what he or she does independently and when help might be needed, and about any special health needs the child may have. If you can, visit the child and family in their home and invite them to visit your child care setting before the child begins in your program. Take the time to build a good relationship with the family and specialists who will be working with you to meet the needs of the child.

Refer students to the Handou, "Fostering Positive Attitudes Toward Persons with Disabilities" (*Student Handbook,* p. 119) as you brainstorm with the class for activities that could be used to implement the strategies listed.

IV. Answering the questions of others

Divide the class into two groups. Explain that the following activity will provide students with an opportunity to think about and answer questions that children may have about their own or others' disabilities.

You may have had experiences when children you know asked questions that you thought were cute or funny. This is because children see the world differently than adults do. [You may want to give or ask for some examples of questions here, such as "Can an airplane fly as fast as a bird?" or "When will my brother and I be the same age?"] *Young children often understand only their own needs and wants and this can affect the way they view disabilities. They may want to know if a disability can happen to them or whether they can "catch" a disability too.*

Children under the age of five are generally very interested in concrete things; for example, they may have many questions about equipment, devices or *what exactly it is about their friend's eyes that makes them not see. They may mistakenly associate a particular concrete characteristic with the disability. "Jenny lives near the Rocky River and she can't hear, but we don't live near the river so our ears work." "Nate has red hair and he has seizures. Hannah has red hair too, so she must have seizures."*

You can see from these examples that children may be unsure about what causes disabilities. They may even think that they can cause, or have caused, the disability. Understanding how young children think can help you be more sensitive to what their sometimes funny questions really mean.

Review with students the Handout "Tips for Answering Questions of Other Children" (*Student Handbook,* p. 120.) Then ask each group to think of six questions young children might have about their own or others' disabilities. When the groups have developed their lists, have them swap questions with the other group. Then ask the students to work in their small groups to develop answers for the questions they have been given. After another 15 minutes or so, ask the group to take turns sharing their questions and answers with the large group. Encourage them to identify what tips from the handout their responses illustrate.

V. Wrap-up session

Refer students to the Handout "Ways to Help a Child Answer Questions From Others" (*Student Handbook,* p. 121.) If there is time, go over this handout in class. Also be sure to refer students to the bibliography of children's books about disabilities that appears on page 123 of the *Student Handbook*.

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8

Student Packet

8

We're ALL Different:
Answering Questions About Disabilities

Module Flow Guide

(One 2-hour session)

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2. Actively introduce ways for children with and without disabilities to interact with and learn from each other.

3. Use pictures, books and dolls to increase knowledge about disabilities.

4. Assist children in becoming familiar with equipment and devices used by persons with disabilities.

5. Provide experiences that enable children to learn about what different degrees of hearing, vision and mobility are like.

6. Counter misconceptions and stereotypes about disabilities.

Give an example of how the ways a young child thinks and views the world can affect that child's perceptions about disabilities.

List at least four tips for answering children's questions about disabilities.

Describe how a care provider can provide support and skills to a child who has a disability and wants to answer the questions of others him- or herself.

Fostering Positive Attitudes Toward Persons with Disabilities

Strategy	Sample Activities
1. Make sure that architecture, room arrangement and materials can be used by all children.	Build a sand box up on legs so a child in a wheelchair can use it.
2. Suggest to children with and without disabilities ways they can interact with and learn from each other.	Help all children to learn sign language and encourage them to use it throughout the day.
3. Use pictures, books and dolls to increase knowledge about disabilities.	Make sure books about people with various disabilities are available to the children. Choose books that don't focus solely on the disability, but rather show people with disabilities doing many different things.
4. Assist children in becoming familiar with equipment and devices used by persons with disabilities.	Include items such as canes, walkers or eye glass frames in the Housekeeping or Dress-Up area for children to try out. (It is best to use surplus equipment and devices rather than using a child's personal equipment.)
5. Provide experiences that enable children to learn about what different degrees of hearing, vision and mobility are like.	Play a "feelie box" game where children use only their hands to tell what an object is. Encourage a blind child to play, too, and to offer helpful hints about how to identify objects that aren't easily guessed by others.
6. Correct misconceptions and stereotypes about disabilities.	Listen for the children's ideas about what persons with disabilities can and can't do, and find examples to disprove or support their ideas. "We know persons who use wheelchairs can go grocery shopping because…"

Tips for Answering Children's Questions about Disabilities

1. Your attitude may be what the children will imitate. Convey an open and positive attitude when you answer questions about disabilities.

2. Answer what the children ask, but be brief.

3. Listen for the feelings behind a child's question and talk about them. Let a child know it is okay to express fears or any other feeling.

4. Use simple words and examples the child can understand.

5. Look for opportunities to show how children with and without disabilities are different and how they are the same.

6. Do not criticize the child's comments or questions.

7. Give the child your undivided attention and notice his or her response to your answer. Listen to see if there are follow-up questions.

8. Whenever appropriate, encourage other children to ask their questions directly to the child with disabilities.

Ways to Help a Child Answer Questions from Others

There are specific steps care providers can take to provide support and skills to children who have disabilities who are answering the questions of others:

1. Talk with the family to find out how they have explained the disability to the child and others.
2. Find out what the child wants to tell others.
3. Help children find the words they are most comfortable using and offer opportunities to practice privately what they will say to others.
4. Teach children that they have the right to choose to answer, to say they don't want to answer, or to say they would rather the person ask the teacher or the family.
5. Let children know that you are available to help them if they are feeling sad, angry or just tired of answering questions.

Where to Go to Learn More

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